

# EXHIBIT H

Paul J. Michaels, M.D.

Page 1

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA  
CHARLESTON DIVISION

IN RE: ETHICON, INC., PELVIC	)	Master File No.
REPAIR SYSTEM PRODUCTS	)	
PRODUCTS LIABILITY LITIGATION	)	2:12-MD-02327
	)	
THIS DOCUMENT RELATES TO THE	)	MDL 2327
FOLLOWING CASES IN WAVE 2	)	
OF MDL 200:	)	
	)	JOSEPH R. GOODWIN
Tamara Carter, et al. v.	)	
Ethicon, Inc., et al.	)	U.S. DISTRICT JUDGE
Civil Action No. 2:12-cv-01661	)	
	)	
Sandra Childress, et al. v.	)	
Ethicon, Inc., et al.	)	
Civil Action No. 2:12-cv-01564	)	
	)	PAUL J. MICHAELS, M.D.
Marion Chrysler v.	)	
Ethicon, Inc., et al.	)	JUNE 18, 2016
Civil Action No. 2:12-cv-02060	)	
	)	
Melissa Sanders, et al. v.	)	
Ethicon, Inc., et al.	)	
Civil Action No. 2:12-cv-01562	)	
	)	
Ana Sierra, et al. v.	)	
Ethicon, Inc., et al.	)	
Civil Action No. 2:12-cv-01819	)	
	)	
Toni Hernandez v.	)	
Ethicon, Inc., et al.	)	
Civil Action No. 2:12-cv-02073	)	
	)	

Reported by:

Rebecca J. Callow, CSR, RPR, CRR

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<p style="text-align: right;">Page 2</p> <p>1 2 DEPOSITION OF PAUL J. MICHAELS, M.D. 3 THIS DOCUMENT RELATES TO CARTER 4 Austin, Texas 5 Saturday, June 18th, 2016 6 11:52 a.m. 7 8 9 Deposition of PAUL J. MICHAELS, M.D., pursuant to 10 Notice held at the offices of Hissey Kientz, 11 9442 N. Capital of Texas Highway Building 1, 12 First Floor Conference Room, Austin, Texas, before 13 Rebecca J. Callow, Registered Merit Reporter, 14 Certified Realtime Reporter, Registered 15 Professional Reporter, and Notary Public in and 16 for the State of Texas. 17 18 19 20 21 22 23 24</p>	<p style="text-align: right;">Page 4</p> <p>1 APPEARANCES: 2 3 FOR JOHNSON &amp; JOHNSON AND ETHICON, INC.: 4 Thomas Combs &amp; Spann PLLC 5 300 Summers Street 6 Suite 1380 7 Charleston, West Virginia 25301 8 (304) 414-1807 9 BY: David B. Thomas, Esquire 10 dthomas@tcspllc.com 11 12 FOR JOHNSON &amp; JOHNSON AND ETHICON, INC.: 13 Butler Snow, LLP 14 150 3rd Avenue South 15 Suite 1600 16 Nashville Tennessee 37201 17 (615) 651-6700 18 BY: M. Andrew Snowden, Esquire 19 andy.snowden@butlersnow.com 20 21 22 23 24</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES: 2 3 FOR PLAINTIFFS: 4 Aylstock, Witkin, Kreis &amp; Overholtz, PLLC 5 17 East Main Street 6 Suite 200 7 Pensacola, Florida 32502 8 (850) 202-1010 9 BY: Bryan F. Aylstock, Esquire 10 baylstock@awkolaw.com 11 12 FOR PLAINTIFFS: 13 Danny L. Curtis, P.C. 14 9229 Ward Parkway 15 Suite 370 16 Kansas City, Missouri 64114 17 (816) 523-4667 18 BY: Danny L. Curtis, Esquire 19 dcurtis@dannylcurtispc.com 20 21 22 23 24</p>	<p style="text-align: right;">Page 5</p> <p>1 INDEX 2 PAGE 3 PAUL J. MICHAELS, M.D. 4 Examination by Mr. Snowden .....6 5 Changes and corrections .....97 6 Signature Page .....98 7 Court Reporter's Certificate .....99 8 9 10 11 12 EXHIBITS 13 NO. DESCRIPTION PAGE 14 Exhibit 1 Expert Report of Paul J. 6 15 Michaels, M.D. (Re: Tamara 16 Carter) 17 Exhibit 2 09/28/2012 Pathology Report for 73 18 Tamara Carter 19 20 21 22 23 24</p>

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<p style="text-align: right;">Page 6</p> <p>1 PAUL J. MICHAELS, M.D.,  2 Called as a witness herein, having been first  3 duly sworn by a Notary Public, was examined and  4 testified as follows:  5 EXAMINATION  6 BY MR. SNOWDEN:  7 Q. Good morning, Dr. Michaels.  8 A. Good morning.  9 Q. I'm Andy Snowden. I represent Ethicon in  10 the case that we're talking about today.  11 Is it your understanding that we're  12 going to talk about the Tamara Carter case?  13 A. Yes.  14 (Exhibit 1 marked.)  15 BY MR. SNOWDEN:  16 Q. I'm going to hand you what's been marked as  17 Exhibit 1. Would you please take a look at that and  18 let me know if that contains your entire specific  19 report regarding Tamara Carter.  20 (Document review.)  21 A. Yes.  22 BY MR. SNOWDEN:  23 Q. And does the case-specific report in  24 Exhibit 1 contain all of your case-specific opinions</p>	<p style="text-align: right;">Page 8</p> <p>1 A. I was asked to review her slide from her  2 mesh excision and review her medical records and  3 basically write an expert report regarding my  4 opinions with respect to both of those.  5 Q. How much time have you spent working on  6 Ms. Carter's case to date?  7 A. I don't have that in hard copy with me. I  8 would say over 20 hours, but not over 30.  9 Q. How much of that time was spent looking at  10 the pathology slide versus reviewing the other  11 materials?  12 A. I don't know exact numbers. Maybe  13 reviewing the slide, photographing it, everything,  14 maybe when I add up all the time together, because I  15 would look at it and then maybe come back to it  16 again to photograph it another time and look at it a  17 little more. Maybe over an hour, an hour-ish.  18 Q. And then the rest of that approximately 20  19 hours was spent reviewing medical records. Is that  20 right?  21 A. Medical records and maybe reviewing  22 literature regarding an issue I found in the case,  23 writing the report. That took a significant amount  24 of time. Discussions about the case. That would be</p>
<p style="text-align: right;">Page 7</p> <p>1 for Tamara Carter?  2 A. Yes. The caveat to that is since this, I  3 have reviewed her deposition, but it didn't really  4 change any of my opinions in the case.  5 Q. Do you have any additions or corrections to  6 make to your report before we get started?  7 A. Well, I guess, the only thing I would say  8 is after seeing her deposition, you know, it seems  9 like her -- the number of pregnancies and deliveries  10 changed from one place to another.  11 So I guess the only thing I would say  12 is that she's had multiple pregnancies that resulted  13 in multiple deliveries rather than saying four and  14 two and one. Just because it seems like that was  15 kind of all over the place.  16 Q. Okay. Does that have any effect on your,  17 any of your opinions in this case?  18 A. No.  19 Q. When were you first asked to work on the  20 Tamara Carter case?  21 A. I don't have my -- oh, you know what?  22 It would have been, I would say,  23 likely in March of this year.  24 Q. Okay. What were you asked to do?</p>	<p style="text-align: right;">Page 9</p> <p>1 mainly it.  2 Q. Okay. Did you do anything to prepare for  3 your case-specific deposition?  4 A. I reviewed her deposition.  5 I reviewed my report again.  6 I reviewed some of the medical records  7 again. Just very briefly went through the medical  8 records, not to the extent I did the first time.  9 I reviewed the defense pathology  10 expert report, and that was mainly it.  11 Q. Are you relying on any of the articles  12 written by Dr. Iakovlev or any of his expert reports  13 or depositions for any of your opinions in this  14 case?  15 A. Yes.  16 Q. Okay. Which ones?  17 A. I would have to go through this list.  18 (Document review.)  19 A. I don't have all of the authors listed out.  20 There's some that he's listed as an author but it's  21 not the first few. But basically, his article about  22 degradation of the mesh.  23 BY MR. SNOWDEN:  24 Q. Do you recall what year that was published?</p>

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<p style="text-align: right;">Page 10</p> <p>1 A. I don't.</p> <p>2 Q. Was that -- I'll strike that.</p> <p>3 And I think you have an article -- a</p> <p>4 literature reference, number 6. It's Bendavid,</p> <p>5 "A mechanism of mesh-related post-herniorrhaphy</p> <p>6 neuralgia."</p> <p>7 I believe that's a -- is it your</p> <p>8 understanding that's a Dr. Iakovlev article as well?</p> <p>9 A. Yes, but there --</p> <p>10 Sorry. I understood your question to</p> <p>11 say with regards to my opinions in this case, and</p> <p>12 that article dealt with neuroproliferation.</p> <p>13 Q. Okay.</p> <p>14 A. And there wasn't any of that in this -- the</p> <p>15 small amount of mesh that was in the slide.</p> <p>16 Q. Okay. Are you relying on any deposition</p> <p>17 testimony for your opinions in Ms. Tamara Carter's</p> <p>18 case? Let me ask a better question. Sorry.</p> <p>19 Are you relying on any of</p> <p>20 Dr. Iakovlev's deposition testimony for any of your</p> <p>21 case-specific opinions here?</p> <p>22 A. No.</p> <p>23 Q. Are you relying on any of his expert</p> <p>24 reports in other litigation for your case-specific</p>	<p style="text-align: right;">Page 12</p> <p>1 But I found that that's not uncommon</p> <p>2 in pathology where people refer to the same thing by</p> <p>3 different names, and I assume that that's -- they</p> <p>4 were all talking about -- not assume, but they were</p> <p>5 all talking about the same thing, based on their</p> <p>6 diagrams and pictures.</p> <p>7 Q. Are you relying on any other medical</p> <p>8 literature in this case that describes a -- and I'm</p> <p>9 using "bark" in quotes -- layer under the light</p> <p>10 microscope?</p> <p>11 A. I don't remember if -- if it's been used in</p> <p>12 other places.</p> <p>13 Q. In this case, did you receive a gross</p> <p>14 specimen?</p> <p>15 A. No.</p> <p>16 Q. And was your review -- and strike that.</p> <p>17 How many specimens did you receive in</p> <p>18 this case?</p> <p>19 A. I just received one slide.</p> <p>20 Q. Okay. And was that from the</p> <p>21 September 27th, 2012, excision surgery?</p> <p>22 A. Yes.</p> <p>23 Q. Let's go to -- well, how did you make sure</p> <p>24 that it was from that surgery when you first</p>
<p style="text-align: right;">Page 11</p> <p>1 opinions in this case?</p> <p>2 A. No.</p> <p>3 Q. When did you first review Dr. Iakovlev's</p> <p>4 degradation article?</p> <p>5 A. A while ago. I don't -- I couldn't tell</p> <p>6 you. Relatively early on in this -- in my</p> <p>7 involvement with these cases.</p> <p>8 Q. So that would have been prior to issuing</p> <p>9 this report in this case. Is that right?</p> <p>10 A. Yes.</p> <p>11 Q. Is that where the term "bark," in your</p> <p>12 opinion, comes from?</p> <p>13 A. From where?</p> <p>14 Q. Does it come from Dr. Iakovlev's article</p> <p>15 that you mentioned?</p> <p>16 A. I've seen it referenced in a few different</p> <p>17 places. I don't know if that's the only place, that</p> <p>18 that's the origin of it.</p> <p>19 Q. Okay. Do you recall any of those other</p> <p>20 places where "bark" is referenced?</p> <p>21 A. I don't remember what Ethicon scientists</p> <p>22 called it. I know they addressed it as well in the</p> <p>23 '80s or something when I reviewed those -- their own</p> <p>24 documentation regarding their studies.</p>	<p style="text-align: right;">Page 13</p> <p>1 reviewed the slide?</p> <p>2 A. The date on the slide, I think it was 2012,</p> <p>3 and it correlated with the sheet that I received</p> <p>4 from the lab.</p> <p>5 Q. Other than review under the light</p> <p>6 microscope and the use of polarized light</p> <p>7 microscopy, did you do any other testing of any</p> <p>8 specimen for Ms. Carter?</p> <p>9 A. No.</p> <p>10 Q. If you could, turn to page 9 of your</p> <p>11 report. You have, it looks like, an HNE picture at</p> <p>12 the bottom. Do you see that in your figures?</p> <p>13 A. Yes.</p> <p>14 Q. Can you describe what we're seeing in that</p> <p>15 figure? And is this -- strike that.</p> <p>16 Is this Figure 1? Because it's a</p> <p>17 little confusing because the headings are cut off</p> <p>18 from the page.</p> <p>19 A. Oh, yes. And it's Figure 1.</p> <p>20 Q. So Figure 1 on page 9, please tell us</p> <p>21 what's depicted.</p> <p>22 A. So that is, I would say, a medium</p> <p>23 magnification view of a fragment of the mesh where</p> <p>24 you can see the refractile polypropylene surrounded</p>

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<p style="text-align: right;">Page 14</p> <p>1 by dense fibrous tissue with chronic inflammation.  2 Q. What kind of chronic inflammation is  3 present?  4 A. I don't know what you mean by what type  5 of -- chronic inflammation: That's what it is.  6 Q. Okay. What type of cells do you consider  7 in that -- being the chronic inflammation present  8 here?  9 A. I would say mostly lymphocytes, although  10 there are likely some macrophages as well.  11 Q. Are there any other foreign-body giant  12 cells present?  13 A. This magnification, I can't really tell.  14 Q. Do you recall finding foreign-body giant  15 cells in Ms. Carter's specimen?  16 A. Yes.  17 Q. Do you know how many you found?  18 A. I didn't count them.  19 Q. In Figure 1, could you ...  20 (Pause in proceedings.)  21 BY MR. SNOWDEN:  22 Q. Could you, using that red pen, mark the  23 areas of chronic inflammation on Figure 1?  24 A. By an arrow or circling, or how should I do</p>	<p style="text-align: right;">Page 16</p> <p>1 A. Could you repeat that?  2 Q. Yeah.  3 In your practice, do you grade the  4 degree of inflammation when it's present?  5 A. In some types of specimens, yes.  6 Q. Did you do that in this specimen?  7 A. No. This isn't one of the types that I  8 grade inflammation in.  9 Q. Which types do you grade inflammation in?  10 A. Liver biopsies for hepatitis, you --  11 there's a grading scale for inflammation.  12 Heart biopsies for acute allograft  13 rejection we grade inflammation.  14 Same with kidney allograft rejection  15 we grade inflammation.  16 You grade some inflammation in some  17 types of non-neoplastic diseases of the colon, like  18 when you're evaluating for inflammatory bowel  19 disease like ulcerative colitis and Crohn's disease.  20 Same with celiac disease. In the  21 small intestine, we grade the types of inflammation  22 and the degree.  23 I would say those would be the main  24 specimens where, in the pathology report, it would</p>
<p style="text-align: right;">Page 15</p> <p>1 it?  2 Q. Why don't you circle the areas of chronic  3 inflammation.  4 MR. AYLSTOCK: And, Doctor, you'll  5 want to put something under that because that marker  6 will bleed through.  7 BY MR. SNOWDEN:  8 Q. Here. Why don't we use the red pen.  9 (Witness complies.)  10 (Pause in proceedings.)  11 A. I would say I circled the main areas that I  12 can see at this magnification.  13 BY MR. SNOWDEN:  14 Q. Okay. Did you find any -- well, is there  15 any acute inflammation in Figure 1?  16 (Document review.)  17 A. I don't think I saw any acute inflammation  18 in this specimen at all.  19 So at this magnification it would be  20 hard to ascertain the difference between them, so I  21 would say likely not.  22 BY MR. SNOWDEN:  23 Q. Okay. In your practice, do you typically  24 grade the degree of inflammation in a specimen?</p>	<p style="text-align: right;">Page 17</p> <p>1 be important to issue some sort of statement  2 regarding the degree or severity of the  3 inflammation.  4 Q. Is it important, then, when you're looking  5 at a mesh removal to know the degree of  6 inflammation?  7 A. Not as far as a grading system because  8 there's really not one that exists, to my knowledge,  9 that's used.  10 Q. Is there any way you differentiate between  11 what -- for instance, what you see in Ms. Carter's  12 case and other cases when it comes to degrees of  13 inflammation?  14 A. Just by looking at pictures, if I were to  15 compare pictures, I would say one has a more  16 significant degree of inflammation than the other.  17 This is certainly -- I would not  18 consider this minimal or slight, because that would  19 just indicate just -- from a general pathologist's  20 standpoint, that kind of terminology would indicate  21 a very few scattered lymphocytes or macrophages or  22 plasma cells that are not being clustered.  23 These are large groups of lymphocytes  24 that are, you know, adjacent to the mesh within the</p>

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<p style="text-align: right;">Page 18</p> <p>1 fibrous tissue, so I wouldn't come up with a term to</p> <p>2 grade them. I would just take a picture of it and</p> <p>3 comment that there was chronic inflammation there.</p> <p>4 Q. For all of your figures -- and you have six</p> <p>5 of them -- are you able to point to any nerve</p> <p>6 receptors?</p> <p>7 A. Nerve receptors?</p> <p>8 Q. Yes.</p> <p>9 A. No.</p> <p>10 Q. Do you have any nerves pictured in your</p> <p>11 photos?</p> <p>12 A. There are probably nerves on Figure 3, but</p> <p>13 it's a really low magnification view, and they are</p> <p>14 not within the fibrosis of the mesh, so I didn't</p> <p>15 comment on them.</p> <p>16 Q. Let's go to Figure 3.</p> <p>17 A. Okay.</p> <p>18 Q. You said there are probably some -- and</p> <p>19 just tell me if I'm wrong here.</p> <p>20 There are probably some nerves, but</p> <p>21 they're not in the fibrosis of the mesh in Figure 3.</p> <p>22 Where does the fibrosis of the mesh</p> <p>23 stop in Figure 3?</p> <p>24 A. Do you want me to draw it?</p>	<p style="text-align: right;">Page 20</p> <p>1 that I brought with me.</p> <p>2 Q. Any that you can recall?</p> <p>3 A. Probably Robbins Patho -- or Robbins &amp;</p> <p>4 Cotran, Enzinger and Weiss, Goldblum's book. Any</p> <p>5 soft tissue book, I'm sure, describes the presence</p> <p>6 of clefts within fibrosis tissue, both in a</p> <p>7 non-neoplastic and neoplastic setting.</p> <p>8 Q. Would something like that be found in</p> <p>9 gynecologic pathology texts?</p> <p>10 A. Yeah. I would think so.</p> <p>11 Q. Are there -- are there authoritative</p> <p>12 gynecologic pathology texts?</p> <p>13 A. There are several gynecologic pathology</p> <p>14 texts?</p> <p>15 Q. Okay. Are there any that you have used in</p> <p>16 the past or continue to use?</p> <p>17 A. There are several.</p> <p>18 Q. Any in particular?</p> <p>19 A. Dr. Young's book.</p> <p>20 Christopher Crum's book. Those are</p> <p>21 the two main ones.</p> <p>22 Some people use Robboy. I don't tend</p> <p>23 to use that one very much. Olivi and Nucci have a</p> <p>24 book. That's a good book.</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. Yes. If you want to draw a line.</p> <p>2 A. I would say the scar plate is pretty --</p> <p>3 this is actually a really good case, because you can</p> <p>4 clearly see this rounded encapsulating fibrosis</p> <p>5 which is described in the literature with regards to</p> <p>6 these. So ...</p> <p>7 Q. So you've drawn an oval around the area of</p> <p>8 fibrosis.</p> <p>9 A. Yeah. I may -- there may be a little bit</p> <p>10 that extends up to here, but the actual sclerotic --</p> <p>11 where you can see the clefting of the fibrosis is</p> <p>12 pretty clear around here and extends a little up</p> <p>13 there.</p> <p>14 Q. How do you differentiate between clefting</p> <p>15 of fibrosis versus the presence of loose connective</p> <p>16 tissue?</p> <p>17 A. Pathology residency.</p> <p>18 Clefting is a microscopic finding that</p> <p>19 you look at and you say there are clefts between the</p> <p>20 tissue. It's not really -- you don't see that in</p> <p>21 normal, loose -- loose fibrosis tissue.</p> <p>22 Q. Are there any books we can look at that</p> <p>23 would show us that?</p> <p>24 A. Probably any general pathology book. Not</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. So far you've only named people at Harvard.</p> <p>2 Anyone else?</p> <p>3 A. Well, if you know anything about books, you</p> <p>4 know that they have chapters written by people that</p> <p>5 aren't at Harvard.</p> <p>6 Q. Okay. Blaustein's "Pathology of the</p> <p>7 Female" --</p> <p>8 A. I don't -- I've never liked that book.</p> <p>9 Q. Okay. Why not?</p> <p>10 A. I don't like the way it's written. It has</p> <p>11 a lot of not useless information, but it just</p> <p>12 seems -- it's not very helpful from a pathologist's</p> <p>13 standpoint. Most people that I've worked with don't</p> <p>14 use that very much.</p> <p>15 I mean, it's obviously a big textbook,</p> <p>16 but I personally -- you're asking about what I use.</p> <p>17 I don't use that.</p> <p>18 So WHO for, you know, ovary and cervix</p> <p>19 and uterus. That's the international book. So</p> <p>20 those would be the main ones.</p> <p>21 Q. Okay.</p> <p>22 A. The Fascicles. The AFIP Fascicles.</p> <p>23 Q. Are those books that you've mentioned</p> <p>24 typically written by leaders in the field -- sorry.</p>

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<p style="text-align: right;">Page 22</p> <p>1 Let me start over.  2 Are the chapters in those books  3 typically written by leaders in the field?  4 A. No. I wouldn't say so. Not typically.  5 I mean, they're written by people  6 that -- the editors who are the leaders in the field  7 will say, "Hey, do you want to write a chapter on  8 such-and-such?"  9 "Okay. I'll write a chapter on  10 such-and-such."  11 And then it will be reviewed and  12 edited by the leaders in the field, but not taking  13 anything away from the people that have written  14 chapters whatsoever.  15 But I wouldn't say that because  16 someone has a chapter in a book it anoints them as a  17 leader in the field.  18 Q. If you take a look at Figure 2 -- actually,  19 before we move to Figure 2, where in the body did  20 Figure 1 come from?  21 A. I think it came from the posterior vaginal  22 wall, to my recollection. That's what it was  23 reported to have come from.  24 Q. All right. Do you know where in the</p>	<p style="text-align: right;">Page 24</p> <p>1 to your opinion.  2 A. No. I don't grade the degree. So I don't  3 say -- you were asking initially about grading, and  4 I said that I don't grade the degree of  5 inflammation.  6 But noticing the quantity without  7 placing a grade on it is something that you do when  8 you compare from one to another.  9 Q. Okay. The quantity of inflammation in  10 Ms. Tamara Carter's case, how does that compare to  11 other cases?  12 A. I would have to see the picture of it to  13 show you how it compares.  14 Q. Okay. Is this -- is this a slight  15 reaction, a moderate reaction, a marked reaction, or  16 you just wouldn't place a grade on it?  17 MR. CURTIS: Object to the form of the  18 question.  19 A. I would say it's somewhat moderate based on  20 this picture.  21 BY MR. SNOWDEN:  22 Q. Okay. And that's -- based on Figure 1  23 that's moderate inflammation.  24 A. Well, I mean, again, like I said, I'm</p>
<p style="text-align: right;">Page 23</p> <p>1 posterior vaginal wall?  2 A. I couldn't point to a location.  3 Q. What significance to your opinion in this  4 case is the inflammation seen in Figure 1?  5 A. I guess I don't -- can you repeat that?  6 Q. I'll ask a better question.  7 Do you place any significance to your  8 finding of chronic inflammation?  9 A. Well, I evaluate all of the findings  10 together. So it's not just that there is chronic  11 inflammation, it's the degree of chronic  12 inflammation, the location of the chronic  13 inflammation, exquisitely surrounding the mesh. Its  14 location within the dense fibrosis that's  15 surrounding the mesh.  16 So it's more than just, for me, seeing  17 that there's chronic inflammation, it's knowing  18 where it is in the biopsy and what it's intimately  19 associated with, which in this case is the mesh,  20 which shows that there is significant inflammatory  21 reaction to the mesh in this patient.  22 Q. Okay. Earlier you told me you don't  23 typically label the degree of inflammation and you  24 just told me the degree of inflammation is important</p>	<p style="text-align: right;">Page 25</p> <p>1 not -- I'm not grading it.  2 So I'm saying it's -- you know, it's a  3 good amount of -- it's not slight, it's not all over  4 the tissue. And you're not going to force me to  5 grade it when I'm telling you that I don't grade  6 them, so ...  7 Q. Okay. So what significance does the degree  8 of inflammation have on your opinion in this case?  9 MR. CURTIS: I know it was not  10 intentional, but you've cut him off a couple of  11 times. Would you please wait until the doctor  12 finishes his answer.  13 MR. SNOWDEN: Sure.  14 THE WITNESS: Can you repeat that?  15 THE REPORTER: Yes.  16 (The record was read as requested:  17 "So what significance does the degree  18 of inflammation have on your opinion  19 in this case?")  20 MR. CURTIS: What was his answer?  21 Do you need to hear part of the answer  22 that you gave?  23 THE WITNESS: No. That's fine.  24 A. I would say it supports my opinions.</p>

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<p style="text-align: right;">Page 26</p> <p>1 BY MR. SNOWDEN:  2 Q. How does it support your opinions?  3 A. Because it's showing that there is an  4 inflammatory response to the mesh.  5 Q. Okay. Does it matter for your opinions --  6 strike that.  7 Does the degree of the inflammation  8 matter for your opinions?  9 A. Well, if there was just one lymphocyte or  10 two lymphocytes, I wouldn't comment on that. So the  11 fact that I'm commenting on inflammation means that  12 I'm considering it pathologic in this case, which I  13 do.  14 Q. And at what point do you consider it  15 pathologic?  16 A. There's no way for me to really count the  17 number of lymphocytes as we sit here and tell you  18 how many wouldn't be.  19 I can tell you from this tissue  20 removed from this client, Ms. Carter, that this is  21 significant, and that's what I would say and that's  22 what I did say in here.  23 Q. But in this case you're not using a grading  24 system. Right?</p>	<p style="text-align: right;">Page 28</p> <p>1 BY MR. SNOWDEN:  2 Q. Okay. Is it your testimony that it's not  3 common in the field of pathology to rate or put a  4 degree on inflammation?  5 A. Okay. So we can go over this again, but  6 there are certain locations in the body and certain  7 diseases where you do grade inflammation routinely.  8 Now, when you're looking at a vaginal  9 mesh erosion that is taken out with fibrous tissue,  10 then we don't typically grade them with a numerical  11 score.  12 In this case, what I do is I described  13 that there was chronic inflammation. And I took  14 pictures to demonstrate the chronic inflammation so  15 that at trial when I'm describing this, I can show  16 the number of inflammatory cells and how they're  17 surrounding the mesh and present within this scar  18 fibrosis tissue.  19 Q. So how many inflammatory cells did you  20 count?  21 A. I didn't count them. I wouldn't have.  22 That's not a standard.  23 Q. That's part of your answer, though. We'll  24 move on.</p>
<p style="text-align: right;">Page 27</p> <p>1 A. Right.  2 We don't -- I don't use -- none of us  3 use grading systems for --  4 Q. And --  5 A. Don't. Stop cutting me off.  6 Q. I -- actually, I haven't said anything.  7 A. Yeah. You were starting to talk.  8 So, as I said, we don't use grading  9 systems. I'm not doing a study. So in studies they  10 may say grade 0, 1, 2, 3. We don't do that when  11 evaluating these types of specimens, we would just  12 comment on whether there's inflammation present.  13 And in this case I took pictures of it to  14 demonstrate that morphologically.  15 Q. So do we just have to take your word for  16 what level it becomes significant?  17 MR. CURTIS: Object to the form of the  18 question.  19 A. I took pictures. So no. You don't have to  20 take my word for it, because I took pictures.  21 So, by definition, it's not just my  22 word, it's an image demonstrating what I've  23 described.  24 ///</p>	<p style="text-align: right;">Page 29</p> <p>1 MR. CURTIS: Just a minute. Just a  2 minute.  3 MR. THOMAS: Let's get an even keel  4 here.  5 MR. CURTIS: Refrain from making  6 remarks that are not a question. It's just not  7 appropriate for you to editorialize about the  8 answers that you don't like, and we're not going to  9 do that.  10 MR. SNOWDEN: And I'd ask that that go  11 both ways.  12 MR. CURTIS: But it starts with you.  13 Because you're not going to antagonize this witness.  14 MR. SNOWDEN: You're wasting my time.  15 MR. CURTIS: Just change your  16 attitude. You came in here with some burr up your  17 ass. I don't know what it is, but settle down and  18 ask your questions --  19 MR. THOMAS: Let's go off the record.  20 MR. SNOWDEN: Let's go off the record.  21 (Discussion off the record.)  22 BY MR. SNOWDEN:  23 Q. All right. Dr. Michaels, if you could turn  24 to Figure 2 of your report.</p>

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<p style="text-align: right;">Page 30</p> <p>1           Could you please tell us what we see 2 here in this photo? 3       A. So in this photo there are mesh spaces 4 towards the left of the photo with a little bit of 5 mesh that's still in there on the bottom left. 6           And there's -- excuse me -- chronic 7 inflammation with lymphocytes and macrophages, and 8 there's some multinucleated foreign-body giant 9 cells, there's some dilated blood vessels, and there 10 are areas of fibrosis at the upper right and lower 11 right periphery of the figure. 12       Q. Okay. The figure legend says, 13 "Granulomatous tissue reaction associated with 14 adjacent mesh filaments." 15           Do you see that? 16       A. Yes. 17       Q. What makes this granulomatous? 18       A. The fact that there are foreign body-type 19 giant cells and histiocytes. 20       Q. What significance, if any, does the 21 presence of granulomatous tissue have on your 22 opinion in this case? 23       A. Well, it's showing that there's a reaction 24 to the foreign material present within the specimen.</p>	<p style="text-align: right;">Page 32</p> <p>1   fibrosis and has fibrosis between the filaments, and 2 there's associated inflammation around those 3 individual filaments. 4           And then the upper part of the figure 5 shows more -- shows the adjacent stroma within the 6 specimen that has -- you can see the obvious -- 7 well, you can see blood vessels in the upper part 8 with some of the more edematous -- I should say not 9 edematous, but loosely -- loose stroma. 10       Q. Did you -- I think earlier we talked 11 about -- you drew a circle on the figure and you 12 said this was the encapsulated scar. Did you 13 measure the thickness of the encapsulated scar in 14 this case? 15       A. No. I didn't measure the thickness of the 16 encapsulating scar in this case. 17       Q. Does that have any impact on your opinions? 18       A. No. It doesn't have an impact on my 19 opinions. 20       Q. Why not? 21       A. Because it matters that it's there, not the 22 size of it. 23       Q. Did you measure the distance from the mesh 24 to -- well, let me start over.</p>
<p style="text-align: right;">Page 31</p> <p>1       Q. Do you grade the degree of granulomatous 2 inflammation? 3       A. No. 4       Q. Anything else of significance in Figure 2? 5       A. I think I just described basically the 6 whole figure, so in that -- I guess, in this 7 particular objective, that would be what I would 8 describe from it. 9       Q. Turn to -- well, before we do that, did you 10 measure the thickness of the granulomatous 11 inflammation in this case? 12       A. No. I didn't quantify or measure the 13 thickness of the granulomatous inflammation. 14       Q. Does that have any impact on your opinions 15 in this case, the thickness of the granulomatous 16 inflammation? 17       A. No. 18       Q. Does it just matter that it's there? 19       A. That it's there and that it's quite 20 visible, and the location of it. 21       Q. Okay. Let's go to Figure 3. What do we 22 see in this photomicrograph? 23       A. So towards the bottom of the tissue piece 24 there is a portion of mesh that's surrounded by</p>	<p style="text-align: right;">Page 33</p> <p>1           Outside of the circled area on Figure 3 2 that you've put on the exhibit, is the tissue -- 3 would you call it normal? 4       A. It appears unremarkable -- 5       Q. Okay. 6       A. -- from this magnification. 7       Q. All right. Did you measure the distance 8 from the mesh fibers to unremarkable tissue in this 9 case? 10       A. No. 11       Q. Does it matter to your opinions? 12       A. No. 13       Q. Why not? 14       A. Because what is in the mesh is abnormal. 15 So it's not like they need to excise -- it's not 16 like a tumor, that it's malignant and you have to 17 measure how close the tumor is to the resected 18 margin. 19           There's no need to measure anything. 20 Just because there's normal tissue adjacent to the 21 mesh means nothing from this -- the distance. 22       Q. Figure 4 in your report: Is this a higher 23 magnification of the bottom portion from Figure 3? 24       A. Yes.</p>

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<p style="text-align: right;">Page 34</p> <p>1 Q. What are we looking at in Figure 4?</p> <p>2 A. We are looking at the fibrosis between the</p> <p>3 two areas of mesh filaments, and we're also seeing</p> <p>4 the clefing of the fibrosis tissue, which you just</p> <p>5 see when you have sclerotic scar tissue basically,</p> <p>6 or fibrous tissue.</p> <p>7 And then you can also see that each of</p> <p>8 those mesh filaments is surrounded by a chronic</p> <p>9 inflammatory response. And then we know from the</p> <p>10 prior one -- one of the prior figures that there is</p> <p>11 evidence of a granulomatous response with the</p> <p>12 foreign-type giant cells.</p> <p>13 Q. Did you -- well ...</p> <p>14 And then Figure 5: Is that an even</p> <p>15 higher magnification of the middle portion of</p> <p>16 Figure 4?</p> <p>17 A. Yes.</p> <p>18 Q. Do you have an opinion in this case</p> <p>19 regarding whether Ms. Carter's mesh contracted in</p> <p>20 her body?</p> <p>21 A. Yes. I would say that based on these</p> <p>22 findings it appears that it -- it would have.</p> <p>23 Q. And which findings specifically are you</p> <p>24 referring to?</p>	<p style="text-align: right;">Page 36</p> <p>1 for that opinion?</p> <p>2 A. My kind of career of reading medical</p> <p>3 literature. It's not like it's only been described</p> <p>4 in one location. I'd say "Oh, yeah. So-and-so</p> <p>5 mentioned it in 1995."</p> <p>6 It's just kind of a general -- it's a</p> <p>7 general. It's general knowledge. Pathology</p> <p>8 knowledge.</p> <p>9 Q. Did you measure the pore space in</p> <p>10 Ms. Carter's specimen?</p> <p>11 A. No.</p> <p>12 Q. Do you know whether you saw a pore in the</p> <p>13 tissue specimen?</p> <p>14 A. Well, I didn't examine the gross tissue</p> <p>15 specimen.</p> <p>16 Q. Are we looking at a pore in Figure 4?</p> <p>17 A. That's the space between it. Correct.</p> <p>18 Q. And so --</p> <p>19 A. This is -- this would be deformed,</p> <p>20 technically. I mean, it's a different area.</p> <p>21 This whole area is sort of deformed</p> <p>22 because it shouldn't just have -- you have clusters</p> <p>23 of filaments here, so it's kind of indicative of the</p> <p>24 fact that it's sort of deformed.</p>
<p style="text-align: right;">Page 35</p> <p>1 A. The encapsulating fibrosis would probably</p> <p>2 be -- I would say the most suggestive finding to</p> <p>3 correlate histologically at least, because that's</p> <p>4 what you typically see in any aspect of the body</p> <p>5 when you have scar tissue. When it's surrounding a</p> <p>6 structure, that's when you have that kind of</p> <p>7 shrinkage or contracture.</p> <p>8 So I would say that that would be the</p> <p>9 histological correlate to a contracture.</p> <p>10 Q. And what -- what's the basis for your</p> <p>11 opinion that the presence of fibrosis is a</p> <p>12 histological correlate for contracture?</p> <p>13 A. My entire, I guess, experience as a</p> <p>14 pathologist, that that's -- and my reading. That's</p> <p>15 what you see with contractures is, you see dense</p> <p>16 fibrosis. You see a fibrous scar.</p> <p>17 Whether it's a contracture in</p> <p>18 someone's hand or vaginal region or something in the</p> <p>19 abdomen, that's -- the histologic correlate is</p> <p>20 usually dense hyalinized cellular fibrosis.</p> <p>21 Q. Is that found in any medical literature</p> <p>22 anywhere?</p> <p>23 A. Yeah. Everywhere.</p> <p>24 Q. Are you relying on any medical literature</p>	<p style="text-align: right;">Page 37</p> <p>1 Q. Okay. Take me through next -- I don't</p> <p>2 understand why --</p> <p>3 Why do the clusters of fibers mean it's</p> <p>4 deformed?</p> <p>5 A. Well, you can see that this is -- it's not</p> <p>6 uniform. So you have like four -- on the right you</p> <p>7 have four filaments spaces, where on the left you</p> <p>8 have six and they're at different spacing.</p> <p>9 So normally, when you would have the</p> <p>10 mesh prior to implantation, everything would be</p> <p>11 uniformly spaced. But in here, you can see, based</p> <p>12 on its incorporation into the tissue, that it's not.</p> <p>13 So I'm using that to say that it's, by definition,</p> <p>14 not the same form, so it's deformed.</p> <p>15 Q. Have you sectioned the pristine mesh and</p> <p>16 looked at it under a microscope?</p> <p>17 A. Like unremarkable mesh?</p> <p>18 Q. No. Pristine mesh out of the box.</p> <p>19 A. No.</p> <p>20 Q. Have you ever seen a TVT out of the box?</p> <p>21 A. Under the microscope?</p> <p>22 Q. Under the microscope or just in person.</p> <p>23 Have you had one in your hands?</p> <p>24 A. Yes.</p>

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<p style="text-align: right;">Page 38</p> <p>1 Q. When was that?</p> <p>2 A. In medical school or probably towards the</p> <p>3 end of medical school.</p> <p>4 Q. Have you ever had a Prolift in your hands?</p> <p>5 A. I don't recall if I've ever had a non-used</p> <p>6 Prolift in my hands.</p> <p>7 Q. Okay. If I asked you to -- and I'm not</p> <p>8 asking at this point, but would you be able to draw</p> <p>9 the structure of a Prolift?</p> <p>10 MR. CURTIS: Object to the form of the</p> <p>11 question.</p> <p>12 MR. AYLSTOCK: And I would also say</p> <p>13 this is -- I don't know, this is general</p> <p>14 questioning.</p> <p>15 MR. CURTIS: Yeah.</p> <p>16 MR. AYLSTOCK: We're really far afield</p> <p>17 of Ms. Carter and you're -- and his case-specific</p> <p>18 opinions in this case. So we provided ample</p> <p>19 opportunity for general questioning, that deposition</p> <p>20 is closed.</p> <p>21 MR. SNOWDEN: And I'll have to</p> <p>22 respectfully disagree with you. Dr. Michaels just</p> <p>23 testified that as part of this case he can tell it's</p> <p>24 deformed based on the structure, and I'm trying to</p>	<p style="text-align: right;">Page 40</p> <p>1 BY MR. SNOWDEN:</p> <p>2 Q. You can answer.</p> <p>3 A. Yeah. It's like a crisscross.</p> <p>4 So, I mean, I'm not a good drawer, but</p> <p>5 I've seen it; I've held it in my hands, as I've</p> <p>6 already testified, but -- and I've seen the</p> <p>7 difference between anterior and posterior in the</p> <p>8 Total Prolift, so I -- I could -- you know, I know</p> <p>9 what that looks like as well, so ...</p> <p>10 Q. And this is my last question on this.</p> <p>11 How many filaments surround a Prolift</p> <p>12 pore?</p> <p>13 A. I'm not --</p> <p>14 MR. CURTIS: I object to the form of</p> <p>15 the question.</p> <p>16 Go ahead.</p> <p>17 A. I would have to look at a picture of it.</p> <p>18 BY MR. SNOWDEN:</p> <p>19 Q. Did you do that before coming to your</p> <p>20 opinion that Figure 4 shows deformation of the mesh?</p> <p>21 A. Could you repeat that?</p> <p>22 Q. Yeah.</p> <p>23 Did you look at a picture of a Prolift</p> <p>24 before coming to the opinion in Figure 4 that the</p>
<p style="text-align: right;">Page 39</p> <p>1 figure out what the basis for that opinion is.</p> <p>2 BY MR. SNOWDEN:</p> <p>3 Q. So, Doctor, if I asked you to -- and I'm</p> <p>4 not right this second -- would you be able to draw</p> <p>5 the filament structure of a Prolift?</p> <p>6 MR. CURTIS: We object to the form of</p> <p>7 the question. And I can tell you that we're not</p> <p>8 going to engage in any drawing of the --</p> <p>9 MR. SNOWDEN: I haven't asked him to.</p> <p>10 MR. AYLSTOCK: And are you talking</p> <p>11 about the outline of the mesh or --</p> <p>12 THE WITNESS: Yeah. I don't</p> <p>13 understand.</p> <p>14 MR. AYLSTOCK: The whole thing is</p> <p>15 confusing.</p> <p>16 BY MR. SNOWDEN:</p> <p>17 Q. If I asked you to draw a pore with the</p> <p>18 outlining mesh filaments, could you do it?</p> <p>19 MR. CURTIS: I continue to object to</p> <p>20 the form of the question.</p> <p>21 And I think Mr. Aylstock is right:</p> <p>22 That that's far afield from his testimony that this</p> <p>23 particular Figure 4 depicts deformed mesh in this</p> <p>24 particular patient.</p>	<p style="text-align: right;">Page 41</p> <p>1 mesh was deformed?</p> <p>2 A. Yes. I've seen the pictures before I came</p> <p>3 to that conclusion.</p> <p>4 Q. Is there any blood vessels in Figure 4?</p> <p>5 A. Yes.</p> <p>6 Q. So would you agree this tissue is</p> <p>7 vascularized?</p> <p>8 A. I would say the tissue in Figure 4 is</p> <p>9 vascularized.</p> <p>10 Q. Is there any edema present in Figure 4?</p> <p>11 A. It's hard to tell at this magnification for</p> <p>12 certain.</p> <p>13 Q. Figure 4 captures every single mesh</p> <p>14 filament from Ms. Carter's body that you have</p> <p>15 reviewed. Correct?</p> <p>16 A. I believe so.</p> <p>17 Q. Okay. And so if we count them, it's a</p> <p>18 total of 10. Is that right?</p> <p>19 A. Yes.</p> <p>20 Q. Do you know whether this is a</p> <p>21 representative specimen?</p> <p>22 MR. CURTIS: Objection.</p> <p>23 Representative of what?</p> <p>24 ///</p>

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<p style="text-align: right;">Page 42</p> <p>1 BY MR. SNOWDEN:  2 Q. Of the whole -- of Ms. Carter's specimen.  3 Let me ask it again.  4 Do you know whether this is a  5 representative specimen of the whole of Ms. Carter's  6 excised mesh?  7 A. I would -- well, it's my opinion, just  8 based on how your body reacts to foreign material,  9 that this would be representative of what's not  10 sampled that's in her body.  11 Q. So the inflammation we see here in the  12 fibrosis, we see here you expect that to be  13 equivalent or similar throughout the rest of the  14 specimen.  15 A. I would say that it would be similar,  16 although changes obviously occur if it's -- because  17 in this area, we don't actually have it eroding  18 through the mucosa.  19 So when it's eroding through the  20 mucosa, I would imagine there would be more acute  21 inflammation or hemorrhage or edema, depending on if  22 it's located near -- you know, if there's mesh near  23 the -- some of her mesh has migrated. It's near the  24 urethra, it may be involving smooth muscle or it</p>	<p style="text-align: right;">Page 44</p> <p>1 particular section, it wasn't in continuity with the  2 epithelium.  3 Q. Do you recall there being five portions of  4 tissue on the slide you reviewed in this case?  5 A. Yes.  6 Q. Is there any reason you didn't take  7 photographs of the other four?  8 A. They didn't have mesh, and the report was  9 on the reaction to the mesh.  10 Q. Is the -- did you remark at all about the  11 tissue in the other four pieces in your report?  12 A. Yes.  13 Q. Where is that?  14 A. It's under the microscopic findings.  15 Q. All right. So what's your opinion  16 regarding what you saw in those other four pieces?  17 A. Well, as I say, I say, "The histologic  18 section show numerous fragments of tissue, some of  19 which are lined by reactive and acanthotic squamous  20 mucosa with underlying stromal edema, and others  21 that show fibromuscular and fibroneural tissue."  22 And then I go on to say, "In one  23 fragment ..." and I describe the mesh.  24 Q. Okay. Was there anything significant about</p>
<p style="text-align: right;">Page 43</p> <p>1 could be involving skeletal muscle, which could  2 cause, again, a slightly different response.  3 But, generally, I would say that it  4 would be similar, the basis of the inflammatory  5 response.  6 Q. You brought up a good point.  7 You didn't see the erosion site in this  8 case, did you?  9 A. Correct. This was the only slide I have.  10 Q. So you didn't see any mucosa.  11 A. I don't remember if there was mucosa on  12 this. It wasn't -- let me look. I thought that  13 there was, it just wasn't at the mesh.  14 Yeah. There's squamous mucosa.  15 Q. And did you -- did you see mesh near the  16 squamous mucosa in this?  17 A. Well, I mean, it depends on how you define  18 "near."  19 Q. How do you define it?  20 A. Well, it's within a few millimeters of the  21 mucosa. That's certainly closer than if it was  22 5 centimeters away. You would say that that was  23 relatively near compared to something farther.  24 So -- but it wasn't -- in this</p>	<p style="text-align: right;">Page 45</p> <p>1 those other four pieces?  2 A. I didn't think that there was anything  3 other than what I described that showed significant  4 pathologic change other than the stromal edema  5 that's underneath the mucosa.  6 Q. Figure 4: Do we see any nerves in this  7 clear micrograph?  8 A. It's hard to tell if there are any nerves  9 at this magnification.  10 If they are, they would be small, and  11 I didn't think that they were within that fibrosis  12 of the -- between the mesh.  13 Q. Is it fair to say you didn't find any  14 nerves that you would consider were entrapped in the  15 scar tissue?  16 A. Yes. I agree with that.  17 Q. Okay. Is it fair to say you didn't find  18 any deformed nerves in this case?  19 A. Yes. And I didn't have an S100, which  20 limited my ability to find any. But based on HNE  21 alone, I did not see any deformed nerves in this  22 case.  23 Q. So fair to say, then, there are no  24 traumatic neuromas in this specimen that you</p>

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<p style="text-align: right;">Page 46</p> <p>1 reviewed?</p> <p>2 A. I didn't notice any traumatic neuromas in</p> <p>3 the specimen.</p> <p>4 Q. Would that have jumped out at you? A</p> <p>5 traumatic neuroma.</p> <p>6 A. It depends. It should.</p> <p>7 Q. What do we see in Figure 5?</p> <p>8 A. Well, again, we see prominent hypocellular</p> <p>9 and hyalinized fibrosis that's extending between</p> <p>10 these mesh filaments that I have with arrows. And</p> <p>11 at the arrows you can also see a chronic</p> <p>12 inflammatory and foreign body response.</p> <p>13 Q. We also see blood vessels in Figure 5. Is</p> <p>14 that right?</p> <p>15 A. There are tiny compressed blood vessels.</p> <p>16 Q. So you'd agree this tissue is vascularized.</p> <p>17 A. Well, there are vessels in it, but they are</p> <p>18 compressed and I don't see red blood cells within</p> <p>19 them. It's certainly not necrotic. It's not -- it</p> <p>20 doesn't look like there's no vascular supply getting</p> <p>21 to it.</p> <p>22 Q. Are those red blood cells in the</p> <p>23 granulomatous tissue described in Figure 2, and are</p> <p>24 actually pictured in Figure 5? That's the left</p>	<p style="text-align: right;">Page 48</p> <p>1 dyspareunia, pain to palpation. And then</p> <p>2 extrapolating based on, as we talked about, knowing</p> <p>3 that these findings would be representative of other</p> <p>4 areas of her mesh that were not removed.</p> <p>5 Urethral fistula formation, recurrent</p> <p>6 urinary tract infections, and a recurrent stress</p> <p>7 urinary incontinence. Knowing that this was in an</p> <p>8 area away from her bladder, but knowing that the</p> <p>9 same mesh substance was in other areas, I would say</p> <p>10 you could extrapolate from that, which we do as</p> <p>11 pathologists all the time when we only see a small</p> <p>12 bit of tissue but have to make an evaluation based</p> <p>13 on a larger specimen.</p> <p>14 BY MR. SNOWDEN:</p> <p>15 Q. In answering my question, I notice you</p> <p>16 reviewed a portion of your report.</p> <p>17 Were you looking for the clinical</p> <p>18 symptoms that Ms. Carter experienced? Was that part</p> <p>19 of what you had reviewed?</p> <p>20 A. No. I was reviewing what I reported and</p> <p>21 the actual time of when this mesh was taken out, and</p> <p>22 what I had summarized.</p> <p>23 Because there's a lot of information</p> <p>24 in these cases, and before I give you a thoughtful</p>
<p style="text-align: right;">Page 47</p> <p>1 portion of the picture.</p> <p>2 A. Yeah. At the edge.</p> <p>3 Q. What are the tiny -- other than the chronic</p> <p>4 inflammation, what are the tiny purple dots in</p> <p>5 Figure 5?</p> <p>6 A. They're a variety of cells.</p> <p>7 Q. Did you look at these to determine what</p> <p>8 type of cells these were?</p> <p>9 A. Well, they're fibroblasts, and they're</p> <p>10 endothelial cells, and they're perimyocytes</p> <p>11 associated with the vessels. There are probably</p> <p>12 some mast cells that you often see in stromal</p> <p>13 tissue.</p> <p>14 Q. Anything else?</p> <p>15 A. Nothing striking that jumped out at me.</p> <p>16 Q. We've gone through five of your figures and</p> <p>17 you've described your findings in them. Can you</p> <p>18 tell us what impact this is having on Ms. Carter?</p> <p>19 MR. CURTIS: Object to the form of the</p> <p>20 question.</p> <p>21 (Document review.)</p> <p>22 A. So I would say that based on the features</p> <p>23 that I identified histologically that they would be</p> <p>24 a morphologic explanation for her symptoms</p>	<p style="text-align: right;">Page 49</p> <p>1 answer that I want to be accurate and precise, I</p> <p>2 wanted to review to make sure that what I'm saying</p> <p>3 are her symptoms or her -- what impact this tissue</p> <p>4 had is accurate.</p> <p>5 Q. Had you looked solely at the tissue without</p> <p>6 any clinical history in this case, could you have</p> <p>7 told us those clinical symptoms?</p> <p>8 MR. CURTIS: Object to the form of the</p> <p>9 question.</p> <p>10 A. I didn't do that. That's not what I was</p> <p>11 asked to do.</p> <p>12 BY MR. SNOWDEN:</p> <p>13 Q. Okay.</p> <p>14 A. So I can't really postulate what I could</p> <p>15 have done without that scenario. I wasn't in that</p> <p>16 scenario.</p> <p>17 Q. But are you able to look at any of these</p> <p>18 figures in your report and tell me what impact this</p> <p>19 tissue reaction is having, was having, on</p> <p>20 Ms. Carter's pain?</p> <p>21 MR. CURTIS: Object to the form of the</p> <p>22 question.</p> <p>23 A. Well, I don't operate in a vacuum, so I</p> <p>24 can't just look at one picture and tell you</p>

13 (Pages 46 to 49)

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<p style="text-align: right;">Page 50</p> <p>1 everything about the patient.  2 I, and other pathologists and other  3 physicians, have to take everything into account and  4 put them together and rule out other etiologies of  5 pain. And there are tons of etiologies of pain you  6 can identify microscopically, and I didn't find any  7 of them in this material.  8 So I can't just look at one picture in  9 a case like this and dictate what kind of symptoms  10 or signs she was showing.  11 BY MR. SNOWDEN:  12 Q. How about all the pictures? Could you look  13 at all the pictures and say that?  14 MR. CURTIS: Object to the form of the  15 question.  16 BY MR. SNOWDEN:  17 Q. Let me reask the question.  18 If you look at all the pictures  19 together, would you be able to do that?  20 MR. CURTIS: Object to the form of the  21 question.  22 A. Again, I told you regarding any of these  23 I'm not operating in a vacuum. I wasn't just asked  24 to look at the histology and write a report about</p>	<p style="text-align: right;">Page 52</p> <p>1 inflammation, it's going to move within the tissue,  2 and, depending on the location, can lead to urinary  3 dysfunction.  4 Q. Did this mesh that we're looking at in  5 these five figures lead to urinary dysfunction?  6 A. Well, this particular mesh was -- again, it  7 was taken from posteriorly, so it wasn't in that  8 area.  9 So as we've already -- as I've already  10 mentioned, I think you can take -- well, it's my  11 opinion that you can take these inflammatory  12 processes that are occurring in a mesh that is  13 uniform throughout its actual product.  14 It's not as if when you have a mesh  15 product they coat part of it in one polymer and  16 another part in something else and then they add  17 other coating to another part. It's uniform.  18 So the tissue reaction you see in a  19 small amount would correlate and you can extrapolate  20 to other parts of the tissue, assuming that it's in  21 other parts of the body, which it is.  22 It's not just in this posterior  23 vaginal wall, it's in other -- this is just -- this  24 isn't representative of how much tissue -- how much</p>
<p style="text-align: right;">Page 51</p> <p>1 what my findings were.  2 I was asked to look at the histology  3 in conjunction with the medical records and issue a  4 report basically saying what I felt if I felt like  5 these correlated, which I do.  6 And part of that was evaluating the  7 tissue and making sure there weren't other findings.  8 And there are several that can be found in any given  9 case that could have basically said that these other  10 finding, in addition to the mesh, this other finding  11 actually could have equally have produced pain, and  12 I didn't see any evidence of that in this case.  13 BY MR. SNOWDEN:  14 Q. How did the reaction to the mesh -- how  15 does it correlate with the clinical symptoms in this  16 case?  17 A. Well, the inflammation and the scarring  18 would lead to basically deformation and an  19 inflammatory reaction associated with the actual  20 filaments that are present. And the contracture,  21 based on the fibrosis, would lead to an anatomic,  22 basically, malfunction, if you will, of the general  23 area and could lead to pain. Obviously, the  24 extrusion, because when it's contracting and there's</p>	<p style="text-align: right;">Page 53</p> <p>1 mesh she has in her body.  2 Q. Did you review a specimen taken from  3 Ms. Carter's anterior vaginal wall?  4 A. No. I think we've already gone over that.  5 This is the one specimen that I have  6 where there are five fragments of the tissue that  7 are on the slide, and it was taken, reportedly, from  8 the posterior vaginal wall.  9 Q. Which device are we looking at in these  10 figures?  11 A. The Prolift.  12 Q. What aspect of the Prolift device led to  13 the changes -- the tissue changes we're looking at  14 in these figures?  15 MR. CURTIS: Object to the form of the  16 question.  17 A. I don't know what you mean.  18 BY MR. SNOWDEN:  19 Q. What about the Prolift led to these tissue  20 changes, if you know?  21 A. I don't know what you're talking about. I  22 don't understand that question.  23 Q. How did the Prolift cause these tissue  24 changes which you're correlating with Ms. Carter's</p>

14 (Pages 50 to 53)

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<p style="text-align: right;">Page 54</p> <p>1 symptomatology in this case?</p> <p>2 A. Because it's a synthetic foreign body.</p> <p>3 I don't know what you're getting at.</p> <p>4 I don't understand.</p> <p>5 Q. I'm asking -- I'm just asking for your</p> <p>6 opinion on what aspect of the Prolift device led to</p> <p>7 the tissue changes you're correlating with</p> <p>8 Ms. Carter's symptomatology?</p> <p>9 MR. CURTIS: Object to the form of the</p> <p>10 question.</p> <p>11 A. The polypropylene mesh and its</p> <p>12 characteristics.</p> <p>13 BY MR. SNOWDEN:</p> <p>14 Q. Okay. Which characteristics led to the</p> <p>15 tissue changes we see here?</p> <p>16 A. I guess I don't understand the question.</p> <p>17 Q. Do you have an opinion as to the specific</p> <p>18 elements of the Prolift device that led to the</p> <p>19 tissue changes we see in Ms. Carter's case?</p> <p>20 MR. CURTIS: Object to the form of the</p> <p>21 question.</p> <p>22 THE WITNESS: Can you repeat the last</p> <p>23 question?</p> <p>24 THE REPORTER: Yes.</p>	<p style="text-align: right;">Page 56</p> <p>1 fibrosis. So when I'm talking pathologically about</p> <p>2 the contraction, I'm talking about what's causing it</p> <p>3 which is the fibrosis; and no, I didn't quantify any</p> <p>4 element of the contraction or fibrosis.</p> <p>5 Q. Is there anything you could have done to</p> <p>6 measure or quantify the contraction in this case?</p> <p>7 A. Not that I would have done that I'm aware</p> <p>8 of.</p> <p>9 Q. Do you have an opinion in this case that</p> <p>10 Ms. Carter's mesh migrated?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. And what's that opinion?</p> <p>13 A. That it did.</p> <p>14 Q. Okay. Where did it migrate from?</p> <p>15 A. I can't give you exact anatomic locations.</p> <p>16 But the fact that it was eroded through the mucosa,</p> <p>17 by definition, is a migration.</p> <p>18 So I don't -- I can't tell you that it</p> <p>19 took a 135-degree turn and went anterior,</p> <p>20 posterior -- anterolateral.</p> <p>21 But it migrated from its normal</p> <p>22 location to coming out of the body. That's, by</p> <p>23 definition, migration.</p> <p>24 Q. In your opinion -- strike that.</p>
<p style="text-align: right;">Page 55</p> <p>1 (The record was read as requested:</p> <p>2 "Do you have an opinion as to the</p> <p>3 specific elements of the Prolift</p> <p>4 device that led to the tissue changes</p> <p>5 we see in Ms. Carter's case?")</p> <p>6 A. So, I guess, getting back -- I'm assuming</p> <p>7 this is a general question with regards to Prolift</p> <p>8 in general.</p> <p>9 So, as we covered earlier, the heavy</p> <p>10 weight, the pore size, its location I would say in</p> <p>11 that anatomic region. All those together would</p> <p>12 correlate with the findings that we're seeing.</p> <p>13 BY MR. SNOWDEN:</p> <p>14 Q. Did you quantify the degree of contraction</p> <p>15 in Ms. Carter's case?</p> <p>16 A. No. We don't quantify fibrosis in</p> <p>17 non-research settings in this location in the body.</p> <p>18 Q. And I just want to make sure we're talking</p> <p>19 about the same thing.</p> <p>20 I'm asking about the contraction of the</p> <p>21 mesh that I believe you've said you're opining</p> <p>22 occurred in this case. Did you quantify the degree</p> <p>23 of that contraction? Not the degree of the fibrosis.</p> <p>24 A. Well, the contraction is secondary to the</p>	<p style="text-align: right;">Page 57</p> <p>1 Figure 5 you have in the legend</p> <p>2 "Prominent hypocellular and hyalinized fibrosis."</p> <p>3 Do you see that?</p> <p>4 A. Yes.</p> <p>5 Q. What do you mean when you say "hyalinized"?</p> <p>6 A. It means it's -- just for a layman's term,</p> <p>7 it's very pink and hypocellular. It's kind of --</p> <p>8 when it's hyalinized, it has a glassy appearance.</p> <p>9 Microscopically, it tends to be</p> <p>10 associated with these clefts, which you can see,</p> <p>11 which are these almost white tiger stripes that</p> <p>12 traverse horizontally.</p> <p>13 That's hyalinization.</p> <p>14 Q. Is the presence of hyalinized fibrosis</p> <p>15 significant to your opinion?</p> <p>16 A. It's just evidence of dense fibrosis which</p> <p>17 you see in the setting of scars.</p> <p>18 Q. Are you offering an opinion in this case</p> <p>19 that Ms. Carter's mesh degraded in vivo?</p> <p>20 A. Yes.</p> <p>21 Q. And what's the basis for that opinion?</p> <p>22 A. My microscopic evaluation using</p> <p>23 polarization microscopy.</p> <p>24 Q. Where did you get the idea to do that?</p>

15 (Pages 54 to 57)

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<p style="text-align: right;">Page 58</p> <p>1 A. From the literature and from Ethicon's own 2 scientists who did the same thing. 3 Q. Which literature? 4 A. Well, I don't know the exact names of the 5 studies. I know just a couple days ago I was 6 rereviewing this and was, again, seeing the reports 7 from Ethicon scientists that showed the same 8 degradation. 9 And so when I first got involved, I 10 was sort of pointed to that material because 11 obviously, as a layperson in the medical community, 12 I didn't have access to Ethicon's internal 13 documents. 14 So those were provided to me, and then 15 I did my own literature search and had other 16 article -- peer-reviewed articles that I could 17 review, like Dr. Iakovlev's article, and saw the 18 findings, read about the findings. Read about the 19 scanning electron microscopy, its correlation. 20 The prior medical literature, 21 postulating about biofilm and that it's a protein 22 polymer and not really a foreign synthetic material. 23 And so after reading all of that and seeing them 24 talking about polarization light microscopy, that's</p>	<p style="text-align: right;">Page 60</p> <p>1 cracking of that outer layer. 2 Q. And I think what you're referring to now 3 are cracks with SEM photos. Is that right? 4 A. Um-hmm. 5 Q. Okay. And I want to focus specifically on 6 what we're -- the specimen you reviewed -- well, let 7 me start over. 8 Did you do any scanning electron 9 microscopy on this specimen? 10 A. No. 11 Q. Did you do any transmission electron 12 microscopy in this specimen? 13 A. No. 14 Q. Did you do any analytical chemistry tests 15 on this specimen? 16 A. No. 17 Q. Okay. Your review of this specimen was 18 limited to light and polarized light microscopy. 19 Would you agree? 20 A. To the specimen, yes. 21 Q. And so the specimen we're talking about 22 right now -- 23 MR. SNOWDEN: I don't want to get into 24 general opinions so that I draw a bunch of</p>
<p style="text-align: right;">Page 59</p> <p>1 why I polarized these cases. 2 Q. What about the specimen in this case 3 supports your opinion that the mesh degraded in 4 vivo? 5 A. The outer polypropylene bark, or layer -- 6 whichever you prefer to use -- is detached from the 7 core, and it's also detached from the surrounding 8 tissue and it's broken into numerous pieces. 9 Q. And is that what you have shown in 10 Figure 6? 11 A. Yes. 12 Q. How did you -- well, let me start over. 13 Did you rule out artifacts of microtomy 14 when determining that Figure 6 was degraded 15 polypropylene? 16 A. Yes. It's my opinion from reviewing the 17 literature that these findings are not from any sort 18 of microtome or processing. 19 Q. And why is that? 20 A. From what I've read, that even without 21 those -- in the pictures that I've seen, even 22 without those processing features that you would 23 still see the same findings without formalin 24 fixation or cutting or anything. You still see</p>	<p style="text-align: right;">Page 61</p> <p>1 objections from you guys. 2 MR. CURTIS: Just ask your question. 3 MR. AYLSTOCK: Did I look like I was 4 going to object? I'm sitting here minding my own 5 business. 6 BY MR. SNOWDEN: 7 Q. From your review of the polarized light 8 microscopy and light microscopy in this case, what 9 is it that led you -- how did you rule out that this 10 bark was not just an artifact of processing or 11 microtomy? 12 MR. CURTIS: Object to the form of the 13 question. 14 A. Because it doesn't have that appearance. 15 After years of looking at processing 16 artifacts, it doesn't have that appearance. You 17 don't see multiple little -- you wouldn't see this 18 kind of architecture based on a microtome blade. It 19 just makes -- it doesn't make any pathologic sense 20 to me. 21 BY MR. SNOWDEN: 22 Q. Did you see any -- well, hold on one 23 second. Sorry. 24 (Pause in proceedings.)</p>

16 (Pages 58 to 61)

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<p style="text-align: right;">Page 62</p> <p>1 BY MR. SNOWDEN:</p> <p>2 Q. Other than Dr. Iakovlev's article and the</p> <p>3 Ethicon study that you referenced earlier, do you</p> <p>4 recall any other articles you're using for the basis</p> <p>5 of your degradation opinion?</p> <p>6 And I'm specifically asking about with</p> <p>7 the use of light microscopy.</p> <p>8 A. I can't recall.</p> <p>9 Q. Do you recall in the article by Iakovlev,</p> <p>10 and others, that he -- one of the ways he asserts</p> <p>11 you can differentiate between non-degraded</p> <p>12 polypropylene and degraded polypropylene is the</p> <p>13 uptake of histologic stain?</p> <p>14 MR. CURTIS: I don't know why this is</p> <p>15 not general. I mean, you're not asking him about</p> <p>16 his bases for the judgment he made in this case,</p> <p>17 you're talking about these --</p> <p>18 MR. SNOWDEN: I absolutely am.</p> <p>19 MR. CURTIS: You're talking about</p> <p>20 these articles and all this other stuff that was</p> <p>21 specifically covered. This same topic, this same</p> <p>22 author, this morning in the general.</p> <p>23 BY MR. SNOWDEN:</p> <p>24 Q. You can answer the question.</p>	<p style="text-align: right;">Page 64</p> <p>1 non-degraded polypropylene?</p> <p>2 MR. CURTIS: I object to the form of</p> <p>3 the question.</p> <p>4 A. Because it's morphologically similar to</p> <p>5 what's been described with respect to degraded</p> <p>6 polypropylene. And that's -- as a pathologist,</p> <p>7 that's the basis of my entire career is, you use</p> <p>8 literature and your own training and images of what</p> <p>9 is described as X, and then you see it yourself and</p> <p>10 you say, Based on my opinion and based on my</p> <p>11 knowledge of what is out there in the literature,</p> <p>12 what has been published, this is analogous to what</p> <p>13 is being described, and you come to your own</p> <p>14 conclusions.</p> <p>15 So when I reviewed this particular</p> <p>16 case and looked at what we're seeing on Figure 6, my</p> <p>17 opinion is that that is degraded -- that's evidence</p> <p>18 of degraded polypropylene bark and not a processing</p> <p>19 or sectioning artifact.</p> <p>20 BY MR. SNOWDEN:</p> <p>21 Q. And what morphologic features are you using</p> <p>22 to come to that conclusion?</p> <p>23 A. Well, as I said earlier, the fact that it's</p> <p>24 separated from the core.</p>
<p style="text-align: right;">Page 63</p> <p>1 MR. CURTIS: I object to the question.</p> <p>2 A. Can you repeat the question?</p> <p>3 MR. SNOWDEN: Can you repeat the</p> <p>4 question, please.</p> <p>5 (The record was read as requested:</p> <p>6 "Do you recall in the article by</p> <p>7 Iakovlev and others that he -- one of</p> <p>8 the ways he asserts you can</p> <p>9 differentiate between non-degraded</p> <p>10 polypropylene and degraded</p> <p>11 polypropylene is the uptake of</p> <p>12 histologic stain?")</p> <p>13 A. I would have to see the article.</p> <p>14 BY MR. SNOWDEN:</p> <p>15 Q. You don't recall that?</p> <p>16 A. I recall there being a mention about the</p> <p>17 stain, but I don't remember that it was specifically</p> <p>18 in regards to whether it's degraded or non-degraded.</p> <p>19 And before I answer any question about the article,</p> <p>20 I'd like to see the article.</p> <p>21 Q. How do you determine, when you're looking</p> <p>22 under the microscope and coming to your opinions in</p> <p>23 a mesh case, that the fragments you see depicted in</p> <p>24 Figure 6 are degraded polypropylene rather than</p>	<p style="text-align: right;">Page 65</p> <p>1 It's in multiple fragments.</p> <p>2 It's also separated from the</p> <p>3 surrounding tissue.</p> <p>4 You can't see that blue dye, because</p> <p>5 this is a polarized picture, so you can't see the</p> <p>6 actual blue dye.</p> <p>7 But just based on those features,</p> <p>8 that's -- and correlating with the literature,</p> <p>9 that's how I came to that conclusion.</p> <p>10 Q. Anything else? Any other morphologic</p> <p>11 similarities?</p> <p>12 A. I think I described the main ones.</p> <p>13 MR. CURTIS: Let's take a break, if</p> <p>14 this a convenient spot.</p> <p>15 MR. SNOWDEN: I'd like to get through</p> <p>16 this line of questioning first, please.</p> <p>17 THE WITNESS: I actually need to use</p> <p>18 the restroom.</p> <p>19 MR. SNOWDEN: Okay.</p> <p>20 MR. THOMAS: Let's take a break.</p> <p>21 MR. SNOWDEN: Over my objection.</p> <p>22 (Recess from 1:20 p.m. to 1:26 p.m.)</p> <p>23 BY MR. SNOWDEN:</p> <p>24 Q. Dr. Michaels, what, if any, clinical</p>

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1 significance do you attribute to the degradation of  
2 Ms. Carter's specimen?

3 A. Well, the degradation of the polypropylene  
4 leads to increased inflammation which would then  
5 lead to increased fibrosis, which would correlate  
6 with her symptoms that I described in my report --  
7 and signs in my report.

8 Q. That any -- and all symptoms attributed to  
9 the degradation layer?

10 A. Well, that's one aspect of the foreign body  
11 response. It increases the response and the  
12 inflammation which would then increase the fibrosis,  
13 so that's one element of it.

14 Q. Did you do a measurement of the degradation  
15 layer in this case?

16 A. No.

17 Q. Did you do any type of nerve density  
18 analysis in the specimen?

19 A. Well, I described earlier how there weren't  
20 any nerves that were entrapped.

21 So -- and I would only take into  
22 account what nerves were in the area of the mesh.  
23 So I didn't do any -- and even regardless, I would  
24 feel that that's something that would be more likely

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1 in the setting of a research study and similar to  
2 grading of inflammation in fibrosis that we've  
3 talked about. So I personally don't do that.

4 Q. Did you consult with a neuropathologist in  
5 this case?

6 A. No.

7 Q. Did you consult with any other pathologists  
8 regarding Ms. Carter's specimen?

9 MR. CURTIS: That was all covered this  
10 morning, his consultation with neuropathologists and  
11 other pathologists and even other experts.

12 MR. SNOWDEN: Regarding Ms. Carter or  
13 not?

14 MR. CURTIS: Regarding all six cases.

15 A. No, I did not.

16 BY MR. SNOWDEN:

17 Q. Have you spoken with any of the other --  
18 well, strike that.

19 Have you spoken with anyone else other  
20 than counsel for the plaintiffs regarding  
21 Ms. Carter's case?

22 A. I don't believe so.

23 Q. Have you ever examined Ms. Carter?

24 A. No.

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1 Q. Other than --

2 A. I was going to say, not physically, just  
3 her tissue.

4 Q. Other than the one tissue slide you  
5 reviewed in this case, have you ever examined  
6 Ms. Carter?

7 A. No.

8 Q. Have you ever spoken with Ms. Carter?

9 A. No.

10 Q. Have you -- were you present during any of  
11 the surgical procedures Ms. Carter had?

12 A. No.

13 Q. Did you have an opportunity to view the  
14 mesh in vivo?

15 A. No.

16 Q. Did you have an opportunity -- strike that.

17 Have you read -- well, which  
18 depositions, if any, have you read regarding  
19 Ms. Carter's case?

20 A. Well, that's hard to answer, because within  
21 her case I have general opinions in this report that  
22 I had reviewed multiple depositions from Ethicon  
23 scientists and -- and then I've also, since this  
24 report, reviewed her -- her deposition testimony.

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1 But I don't recall reviewing any,  
2 like, treating physician testimony in this case or  
3 any other expert testimony in this case.

4 Q. And that's really what I'm after.

5 I'm after the case-specific materials  
6 relating to Ms. Carter and not depositions of  
7 Ethicon's employees or anything sort of in the  
8 general portion of your report.

9 If you turn actually to Exhibit --  
10 well, it's toward the end of your report. You have a  
11 list, "Case-Specific Materials Reviewed." It's  
12 Exhibit C -- let me make a better record of that.

13 Exhibit D to your report. Is this your  
14 reliance list?

15 A. Yes. I provided the portion that's with my  
16 font, Garamond or ...

17 Q. And so beginning on page 5, was that  
18 provided by counsel for the plaintiff?

19 A. Yes.

20 Q. Do you recall reviewing the deposition of  
21 Dr. Weiss?

22 A. No.

23 Q. Did you review the deposition of  
24 David Carter?

18 (Pages 66 to 69)

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<p style="text-align: right;">Page 70</p> <p>1 A. I don't recall. I don't think so.</p> <p>2 Q. Did you ask for all of the medical records</p> <p>3 in this case?</p> <p>4 A. Yes.</p> <p>5 Q. Do you know if you've received all of them?</p> <p>6 A. I mean, I didn't receive her, like,</p> <p>7 pediatric records.</p> <p>8 I have no way of knowing if I received</p> <p>9 all of someone's medical records. I have no way of</p> <p>10 knowing that.</p> <p>11 Q. Was there anything you requested</p> <p>12 specifically to Ms. Carter that you were not</p> <p>13 provided?</p> <p>14 A. I don't recall requesting anything that I</p> <p>15 wasn't provided in Ms. Carter's case.</p> <p>16 Q. Are there any other depositions relating to</p> <p>17 Ms. Carter's care that you've reviewed that are not</p> <p>18 on this list?</p> <p>19 A. Not that I recall.</p> <p>20 Q. What effect, if any, on your opinion that</p> <p>21 you stated earlier that the mesh deformed would the</p> <p>22 fact that the explanting physician found no roping,</p> <p>23 curling, or deformation of the mesh?</p> <p>24 MR. CURTIS: Object to the form of the</p>	<p style="text-align: right;">Page 72</p> <p>1 2.5.</p> <p>2 So if someone's saying, Yeah, it</p> <p>3 didn't look deformed, you'd have to ask more</p> <p>4 specific questions.</p> <p>5 Well, was it exactly the way it was</p> <p>6 when it was put in, or do you mean it wasn't</p> <p>7 completely twisted around?</p> <p>8 Is that what you define "deformed?"</p> <p>9 So it's based on a particular</p> <p>10 clinician or any physician's definition of what term</p> <p>11 they're using. But I would want to see what was</p> <p>12 exactly described about it.</p> <p>13 Because that would be -- I would</p> <p>14 think, just based on the limited amount of tissue I</p> <p>15 saw, I would be surprised that it looked normal.</p> <p>16 BY MR. SNOWDEN:</p> <p>17 Q. Sitting here today, you don't know one way</p> <p>18 or the other how the explanting physician testified.</p> <p>19 A. I don't know the specific words because I</p> <p>20 already told you that I didn't review his</p> <p>21 deposition, so no.</p> <p>22 And I don't remember there being a</p> <p>23 mention in the operative report that specifically</p> <p>24 said that it looked normal or that it wasn't</p>
<p style="text-align: right;">Page 71</p> <p>1 question.</p> <p>2 A. I would have to see that -- where that was</p> <p>3 described and see what words were used. I can't --</p> <p>4 I mean, I would like to see where that's described.</p> <p>5 BY MR. SNOWDEN:</p> <p>6 Q. Is that something that could be important</p> <p>7 for your opinion if the clinician who saw the mesh</p> <p>8 in vivo said it was not deformed?</p> <p>9 MR. CURTIS: Object to the form of the</p> <p>10 question.</p> <p>11 A. Well, it's somewhat subjective. I've</p> <p>12 certainly had many surgeons remove things and say,</p> <p>13 "This tumor was 4 centimeters big."</p> <p>14 And then I get it and cut it and it's</p> <p>15 2.5 centimeters.</p> <p>16 So in that situation, who's right? I</p> <p>17 am.</p> <p>18 I'm the one that cut it; I'm the one</p> <p>19 that measured it. If someone's saying -- the</p> <p>20 surgeon is saying, Well, this is -- well, okay,</p> <p>21 that's --</p> <p>22 Okay, that's fine. It was</p> <p>23 2.5 centimeters. I felt like it was 4.</p> <p>24 Okay. But I measured it and it was</p>	<p style="text-align: right;">Page 73</p> <p>1 deformed. So I don't recall that.</p> <p>2 Q. Did the operative report mention that the</p> <p>3 mesh was deformed?</p> <p>4 A. I don't recall. I've looked at a lot of</p> <p>5 operative reports. I'd have to rereview it.</p> <p>6 (Exhibit 2 marked.)</p> <p>7 BY MR. SNOWDEN:</p> <p>8 Q. I'm handing you what's been marked</p> <p>9 Exhibit 2.</p> <p>10 Dr. Michaels, have you reviewed this</p> <p>11 record previously?</p> <p>12 A. Yes.</p> <p>13 Q. And what is this record?</p> <p>14 A. It is the pathology report from the mesh.</p> <p>15 Q. And is this the pathology report from the</p> <p>16 hospital where the mesh was removed and then you</p> <p>17 subsequently received a portion of that?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. Does this hospital -- well, strike</p> <p>20 that.</p> <p>21 Let's take a look down at the gross</p> <p>22 description. It says, "Received in formalin labeled</p> <p>23 'Carter, Tamara L, DOB 9/7/1959,' and 'mesh' are four</p> <p>24 irregular, ragged fragments of white and blue</p>



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<p style="text-align: right;">Page 74</p> <p>1 synthetic mesh material, with embedded tan-pink 2 prominently congested soft tissue, that vary from 3 0.7-1.5 cm in greatest dimension, and are 2.3 by 2.0 4 by 0.8 cm in aggregate." 5 Do you see that? 6 A. Yes. 7 Q. It also says "representative sections of 8 soft tissue are submitted as A1." 9 Do you see that? 10 A. Yes. 11 Q. So the specimen that you reviewed in this 12 case was a portion of the whole specimen that was 13 sent to pathology. Is that right? 14 A. Yes. 15 Q. And if we look at the diagnosis that's a 16 couple of lines above the gross, do you see anywhere 17 where the pathologist notes deformation of the mesh? 18 A. Well, deformation wouldn't be something 19 that would be listed in the diagnosis. You wouldn't 20 put that in the diagnosis. 21 If anything, it would be in the gross 22 description, which -- in which they're described as 23 irregular and ragged fragments of white and blue 24 synthetic mesh.</p>	<p style="text-align: right;">Page 76</p> <p>1 about deformation? 2 A. I don't see anything in the bolded 3 diagnosis that says anything about deformation. 4 Q. Anything in the bolded diagnosis or gross 5 description about roping or curling? 6 A. Well, again in the gross description -- you 7 know, you're trying to ask if they use -- if there 8 is a very specific finding when they're using 9 nonspecific terms. 10 So "irregular and ragged" could be 11 describing something that is roped or curled. Just 12 because they're not using the words "roped or 13 curled," doesn't mean that they weren't. 14 And they are, again, not saying that 15 these are regular, they're not saying that they're 16 smooth. They're saying that these are irregular and 17 ragged, so I think that actually supports the fact 18 that this is not normal mesh. 19 Q. Do you see any mention on this pathology 20 report of mesh degradation? 21 A. I do not see that they evaluated for mesh 22 degradation in this report. 23 Q. Did they use a light microscope? 24 A. They did use a light microscope, but</p>
<p style="text-align: right;">Page 75</p> <p>1 So actually, in fact, he is describing 2 that these are irregular and ragged, which I would 3 say -- a synonym of which could be "deformed," 4 depending on how you -- depending on how you use the 5 term "irregular and ragged." 6 That's certainly not normal, 7 flattened, you know, mesh. It's clearly describing 8 something that is deformed. 9 Q. And you saw representative sections of 10 those four pieces on the -- on your slide. Right? 11 A. Of the pieces of tissue? 12 Q. Um-hmm. 13 A. Yes. 14 Q. And those pieces of tissue weren't just 15 perfect circles or squares, they were sort of ragged 16 fragments of tissue. 17 A. That's one dimension. 18 You know, this is different than the 19 gross evaluation. 20 Q. All right. Do you see the word 21 "deformation" on this? 22 A. I don't specifically see the word 23 "deformation" on this. 24 Q. Okay. Do you see anything in the diagnosis</p>	<p style="text-align: right;">Page 77</p> <p>1 there's no mention of polarization microscopy. 2 Q. Do you need a polarized lens to assess 3 degradation in this case? 4 A. You don't need a polarized lens to assess 5 degradation, but they also did not do a microscopic 6 description. So there's no -- we have no idea of 7 exactly what they saw, it was just incorporated into 8 the final diagnosis. 9 Q. Okay. Do you know Dr. Jonathan Strauss? 10 A. I know of him. 11 Q. Do you know where he went to medical 12 school? 13 A. No. 14 Q. Do you know what his research interests 15 are? 16 A. No. 17 Q. Do you know if he's avid in the field of 18 degradation of polypropylene? 19 A. No. 20 Q. Do you know his day-to-day methods of 21 evaluating mesh specimen? 22 A. No. 23 Q. Is there anything about -- strike that. 24 Does this pathology report correlate</p>

20 (Pages 74 to 77)

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<p style="text-align: right;">Page 78</p> <p>1 these findings to any of Ms. Carter's symptoms?</p> <p>2 A. I don't understand what that question</p> <p>3 means.</p> <p>4 Q. Looking at this pathology report, does this</p> <p>5 pathologist, Dr. Strauss, correlate his findings to</p> <p>6 Ms. Carter's symptoms?</p> <p>7 A. I don't see any comment in this pathology</p> <p>8 report attempting to correlate these findings with</p> <p>9 Ms. Carter's symptoms.</p> <p>10 Q. And -- because you normally wouldn't see</p> <p>11 that in a pathology report from a hospital</p> <p>12 specifically. Is that fair?</p> <p>13 A. Well, it depends. It depends on what kind</p> <p>14 of specimen you're dealing with, and if you're asked</p> <p>15 to do that.</p> <p>16 And in some specimens, we are asked to</p> <p>17 do that. We are asked to correlate the findings or</p> <p>18 to mention if the findings do not correlate.</p> <p>19 And so in this particular example, he</p> <p>20 didn't say anything. So there's no mention that he</p> <p>21 was asked to or that he would feel comfortable to,</p> <p>22 or if he knew the literature with regards to mesh</p> <p>23 and complications, so no. It's just a simple</p> <p>24 pathology report.</p>	<p style="text-align: right;">Page 80</p> <p>1 post-op of pain, is there?</p> <p>2 A. I don't see anything about the word "pain"</p> <p>3 in that.</p> <p>4 Q. And there's no mention of dyspareunia in</p> <p>5 the pre-op or post-op.</p> <p>6 A. Not in the pre-op or post-op of the</p> <p>7 clinical information on the pathology report, that's</p> <p>8 correct.</p> <p>9 Q. What's your understanding of why the mesh</p> <p>10 specimen you reviewed was removed from Ms. Carter?</p> <p>11 A. Well, it looks like Dr. Weiss had noted a</p> <p>12 firm foreign body suburethrally, and then underwent</p> <p>13 an exploration for that suburethral mesh with a</p> <p>14 repair of a urethral injury, and then removed a</p> <p>15 perirectal foreign body. It was based on the</p> <p>16 erosion.</p> <p>17 Q. Okay. Any indication to you that the mesh</p> <p>18 was removed due to pain?</p> <p>19 A. My recollection from her deposition was</p> <p>20 that she was experiencing pain at this location.</p> <p>21 Q. And from the medical records -- before I</p> <p>22 ask that question.</p> <p>23 What location are you talking about?</p> <p>24 A. The posterior vaginal wall and also, I</p>
<p style="text-align: right;">Page 79</p> <p>1 Q. For all you know, he could have spent the</p> <p>2 last two months doing 161 to 201 hours reviewing</p> <p>3 literature. Right?</p> <p>4 MR. CURTIS: Object to the form of the</p> <p>5 question. This is argumentative.</p> <p>6 A. It's pretty petty and nasty, frankly.</p> <p>7 And I don't know anything about</p> <p>8 Dr. Strauss and what he did prior to issuing this</p> <p>9 pathology report on Ms. Carter in 2012.</p> <p>10 BY MR. SNOWDEN:</p> <p>11 Q. All right. Looking at the diagnosis.</p> <p>12 Is the diagnosis found here consistent</p> <p>13 with your diagnosis?</p> <p>14 A. I would say so.</p> <p>15 Q. Anything different in this diagnosis from</p> <p>16 yours?</p> <p>17 A. Well, obviously, I've expanded on mine.</p> <p>18 But I would say superficially, they're -- we found</p> <p>19 similar things with regards to what he reported.</p> <p>20 Q. If we go to the clinical information at the</p> <p>21 top, it mentions pre-op and post-op.</p> <p>22 Do you see that?</p> <p>23 A. Um-hmm.</p> <p>24 Q. And there is no indication on the pre-op or</p>	<p style="text-align: right;">Page 81</p> <p>1 think, suburethrally. Even though we don't have</p> <p>2 that specimen.</p> <p>3 Q. Where did the specimen go that was removed</p> <p>4 suburethrally, if any?</p> <p>5 A. I don't know what was done with it, or if</p> <p>6 it was -- what was done.</p> <p>7 Q. You reviewed the record from</p> <p>8 September 27th, 2012?</p> <p>9 A. I don't know what record you're talking</p> <p>10 about.</p> <p>11 The pathology record?</p> <p>12 Q. I'm sorry. The operative note from that</p> <p>13 date.</p> <p>14 A. Yeah. I'd have to look at it again. I</p> <p>15 don't recall as I'm sitting here what it said.</p> <p>16 Q. Before coming to your opinion, are you</p> <p>17 offering any opinions in this case regarding</p> <p>18 Ms. Carter's anterior vaginal wall?</p> <p>19 A. Well, as we've already discussed, I am</p> <p>20 extrapolating the findings that I am seeing in her</p> <p>21 posterior vaginal wall from the specimen that I</p> <p>22 received. And extrapolating those findings and</p> <p>23 correlating them with her symptomatology that would</p> <p>24 have been affected by pathology of the anterior</p>

21 (Pages 78 to 81)

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<p style="text-align: right;">Page 82</p> <p>1 vaginal wall, given that the mesh has similar 2 biologic properties and there's still mesh that's 3 within her body. 4 Q. So just so I understand. 5 Any opinion you have on the anterior 6 vaginal wall is not -- it's based on an extrapolation 7 from the specimen you reviewed from the posterior 8 vaginal wall. Do I have that right? 9 A. Right. Which is consistent with what we do 10 on a day-to-day basis as pathologists where we have 11 a small amount of tissue that's felt to be 12 representative of a larger process. And we have 13 opinions and form opinions and make extrapolations 14 based on that material. That's correct. 15 Q. Did the treating pathologist in this case 16 extrapolate about the anterior vaginal wall in 17 rendering this pathologic diagnosis -- 18 MR. CURTIS: Object -- 19 Go ahead. 20 BY MR. SNOWDEN: 21 Q. -- about the explanted posterior mesh? 22 MR. CURTIS: Object to the form of the 23 question. 24 A. Can you repeat that?</p>	<p style="text-align: right;">Page 84</p> <p>1 mesh removed on September 27th, so her symptoms -- 2 let me review this. 3 (Document review.) 4 A. From my recollection, she had persistent 5 symptoms even after the small amount of mesh was 6 removed. 7 So I would say based on my findings 8 from that particular day, knowing that there is 9 still a significant amount of mesh material in that 10 anatomic location, I would say that I would feel 11 comfortable correlating her symptoms based on my 12 examination of the mesh from this case. 13 BY MR. SNOWDEN: 14 Q. And that opinion about symptoms that 15 postdated the September 27th, 2012, surgery that's 16 not based on any new mesh specimen you reviewed? 17 A. No. I would just say that it would be -- 18 depending on what I was asked, if she developed some 19 sort of new complication or a different quality of a 20 symptom, then that would obviously -- you know, I 21 wouldn't be able to be as confident about 22 correlating that with her current specimen that I 23 could with the current one with the symptoms she was 24 having prior to the surgery on September 27th, 2012.</p>
<p style="text-align: right;">Page 83</p> <p>1 MR. SNOWDEN: Can you please repeat 2 that? 3 (The record was read as requested: 4 "Did the treating pathologist in this 5 case extrapolate about the anterior 6 vaginal wall in rendering this 7 pathologic diagnosis?") 8 A. I don't see that he made any clinical 9 comments on this pathology report in general. 10 MR. CURTIS: How much more time do you 11 show? 12 MR. SNOWDEN: 16 minutes. 13 THE REPORTER: Would you like me to 14 check? 15 MR. SNOWDEN: Sure. 16 MR. CURTIS: Yes. 17 THE REPORTER: I have 1 hour and 43 18 minutes on the record. 19 BY MR. SNOWDEN: 20 Q. Doctor, will you be offering any opinions 21 at trial regarding any symptoms experienced by 22 Ms. Carter after the mesh was removed on 23 September 27th, 2012? 24 A. Well, there was only a small portion of the</p>	<p style="text-align: right;">Page 85</p> <p>1 Q. When you were evaluating the post 2 September 2012 symptoms, did you -- did you consider 3 deposition testimony of Dr. -- and I'm going to 4 butcher this name -- Tenggardjaja? 5 MR. SNOWDEN: I'll give you the 6 spelling afterwards. 7 THE REPORTER: Thank you. 8 A. Well, given that I've already said that I 9 didn't review any other deposition transcripts, I 10 would say, no. 11 BY MR. SNOWDEN: 12 Q. Okay. On page 2 of your report under 13 number 7, you have a statement that begins 14 "Ms. Carter's reported signs and symptoms of 15 exquisite pain to palpation, dyspareunia ..." and 16 then it goes on. 17 Do you see that? 18 A. Yes. 19 Q. Does it matter to any of your opinions that 20 Dr. Tenggardjaja testified that he felt Ms. Carter's 21 pain was exaggerated? 22 MR. CURTIS: Object to the form of the 23 question. 24 A. No.</p>

22 (Pages 82 to 85)

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<p style="text-align: right;">Page 86</p> <p>1 BY MR. SNOWDEN:  2 Q. Why not?  3 A. Because pain is subjective. And, you know,  4 if someone under oath, or regardless, is saying that  5 they have significant pain and there's a reason for  6 that pain, which pathologically my opinion is that  7 there would be a reason for that pain, whether  8 another physician deems it to be exaggerating or not  9 doesn't completely disqualify it.  10 Q. Earlier in the deposition you mentioned  11 that there were -- I think you said tons of etiology  12 of pain. Do you recall that?  13 A. Was that in this deposition?  14 Q. I believe so.  15 Anyway, are there multiple etiologies  16 of pain?  17 A. Biologically, yes; and pathologically.  18 Q. And you would agree psychiatrically?  19 A. Potentially.  20 Q. Did you -- did you review -- well, let me  21 start over.  22 Did you do a clinical differential  23 diagnosis in this case?  24 A. No. I did a pathologic differential</p>	<p style="text-align: right;">Page 88</p> <p>1 mucosa ulcerated, and ulcerated down to the point of  2 the mesh.  3 So it may have nothing to do with the  4 mesh, and that's an important feature.  5 The patient may have had a viral  6 infection -- herpes, CMV, any other number of  7 viruses -- that ulcerated the mucosal surface, which  8 then extended down into the soft tissue and then  9 that's how the mesh was eroded.  10 So I look at that and say, Okay.  11 Well, I'm looking at the mucosa, and just like  12 Dr. Strauss did, recognize that the squamous mucosa  13 doesn't have any significant histopathologic change,  14 so that is not the etiology for the pain in this  15 example.  16 The other thing in my differential  17 diagnosis would be, are there any sort of neoplastic  18 proliferations that would have grown and moved the  19 mesh, which clearly happens.  20 That happens in the uterus with women  21 that have IUDs and they have a tumor and the tumor  22 grows and the IUD comes out. It's not because the  23 IUD came out on its own, it's because the tumor was  24 growing.</p>
<p style="text-align: right;">Page 87</p> <p>1 diagnosis.  2 Q. Okay. And what's the difference?  3 A. Well, a clinical differential diagnosis  4 would be something that you would do clinically with  5 a patient that presents with particular signs and  6 symptoms.  7 Pathologically what I do is correlate  8 the clinical differential diagnosis with what I'm  9 seeing pathologically.  10 So I am -- I didn't examine the  11 patient, I didn't take her history, I didn't think  12 Oh, okay, well, her pain can be from this, from  13 this, from this, or from this.  14 What I did is, I examined the  15 pathologic specimen where a physician is taking out  16 an area that is clearly grossly abnormal that was  17 eroding through the vaginal wall -- you know,  18 clearly migrated based on its location in the  19 tissue, taking that out, submitting that to me, and  20 my goal is to look at that and say, Okay, so what  21 are the causes for, you know, her mesh erosion or  22 pain, et cetera.  23 So mesh erosion can be because it  24 actually didn't migrate, but that the surface of the</p>	<p style="text-align: right;">Page 89</p> <p>1 So I look at the tissue, looking for  2 any sort of tumors or neoplasms, or anything that  3 could have grown clonally. There was nothing like  4 that.  5 Look for infections other than,  6 viruses like fungal infections. If she had been a  7 diabetic, she may have been predisposed to fungal  8 infections, which can be completely separate from  9 the mesh, and that could have caused the problems  10 that she was experiencing in that area and not from  11 the mesh.  12 You can have vasculitis where the  13 vessels become inflamed on their own and that's  14 something that's more often in women than men.  15 So that would not be inconsistent  16 with, you know, a 53-year-old woman to find  17 vasculitis in the tissue which can cause exquisite  18 pain.  19 So that's the difference between a  20 clinical and a pathologic differential diagnosis, is  21 that clinicians can't do that because they're not  22 looking under the microscope. They say, Here, I'm  23 taking this out; this is abnormal; it eroded through  24 the mucosa, and my job is to rule out -- basically</p>

23 (Pages 86 to 89)



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1 to evaluate why that happened.  
 2 And so that's what I did in this case  
 3 and what I would do in any case, whether I  
 4 specifically say it or not, in a general pathology  
 5 report that I would do in a hospital. That is what  
 6 is the process of reviewing all of these specimens  
 7 in pathology.

8 Q. Is a pathologic differential diagnosis more  
 9 robust than a clinical differential diagnosis?

10 A. I wouldn't say one is more robust than the  
 11 other.

12 Q. Okay.

13 A. I would say they both have their  
 14 complexities to them.

15 There are certainly a lot of diseases  
 16 that I can diagnose under the microscope and there  
 17 are certainly a lot of etiologies that a particular  
 18 symptom can have. So I wouldn't say that one is  
 19 necessarily more robust than the other, they're just  
 20 different.

21 Q. Do you -- do you take into consideration  
 22 the same things that a clinician would in a clinical  
 23 differential diagnosis?

24 A. Well, only in the sense that I'm taking

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1 into account that this is a symptom and I'm coming  
 2 up with a list of possible etiologies that I could  
 3 identify histologically.

4 But other than that, I would say that  
 5 they're different in the sense that we're evaluating  
 6 different parameters.

7 Q. What role does the clinician's  
 8 determination on reason for removal play in your  
 9 pathologic differential diagnosis?

10 A. Well, it plays a role, because they are --  
 11 we're at their mercy for them taking out the  
 12 diseased part of the tissue, or the tissue that they  
 13 are concerned about.

14 So we have to rely on clinical  
 15 differential diagnosis to then perform a good  
 16 pathologic differential diagnosis. Because if she's  
 17 complaining of area -- in the vaginal area -- or  
 18 sorry.

19 If she's complaining of pain or  
 20 symptomatology in the vaginal area and then they do  
 21 a skin biopsy from the posterior, you know, leg,  
 22 well, that's not going to really help me.

23 So we have to rely on one another to  
 24 come to basically a consistent finding.

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1 Q. What pain specifically are you correlating  
 2 to the specimen in this case?

3 A. Well, she reported pelvic pain and  
 4 dyspareunia. Both. So I would say both of those  
 5 would be consistent with my findings.

6 Q. Did you consider her prior Repliform sling  
 7 with the use of bone anchors in that?

8 A. Yes.

9 Q. Did you rule it out?

10 A. Yes.

11 Q. How?

12 A. Because I -- from my recollection in this  
 13 case from the operative report following that, they  
 14 had mentioned that everything was -- it was all  
 15 taken out.

16 And from my recollection from her  
 17 deposition transcript, the quality of pain and the  
 18 type of pain that she's describing is very different  
 19 than any pelvic pain she had had before around the  
 20 time that she initially had had that surgery.

21 Q. How did it change?

22 A. It was different type of pain.

23 I remember reading her deposition  
 24 transcript and reading her notes and coming to the

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1 conclusion that it was described differently.

2 But I would have to, you know, go  
 3 through her deposition transcript to use the exact  
 4 words that she had used. I don't remember if she  
 5 had said a stabbing pain or something like that, but  
 6 it was described differently.

7 Q. Did you consider her opioid dependency in  
 8 coming to your conclusions in this case?

9 A. Absolutely.

10 MR. CURTIS: Object to the form of the  
 11 question.

12 BY MR. SNOWDEN:

13 Q. Did you rule those out -- rule that out?

14 MR. CURTIS: Object to the form of the  
 15 question.

16 A. Well, opioid -- whether she was dependent  
 17 or casual use or abuse, whatever, would not in and  
 18 of itself cause a scarring and inflammatory reaction  
 19 around mesh, which is what I saw.

20 So had she complained of pain in a  
 21 vaginal area and the clinicians were pointing to it  
 22 and said, "Is this painful?"

23 And she said "Yes, that's exquisitely  
 24 painful."

24 (Pages 90 to 93)

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<p style="text-align: right;">Page 94</p> <p>1 And then they took out that area and  2 there was no mesh, no inflammation, then I would  3 say, Hey, I don't have an explanation for it.  4 But in this case, that's not -- and I  5 would say maybe it has to do with her reported use  6 of drugs.  7 But in this case, that's not the case.  8 In this case, there was mesh that was clearly  9 described as being irregular and ragged.  10 Microscopically, I'm seeing scar  11 tissue and what I'm showing on my microscopic slides  12 is pores that have been filled with sclerotic  13 hyalinized scar tissue, a prominent inflammatory  14 reaction, and includes foreign-body-type giant  15 cells, evidence of polypropylene degradation.  16 So these are all things that if  17 someone was just having pain from opioid use you  18 wouldn't see all that, you would have a biopsy and  19 there would be nothing.  20 BY MR. SNOWDEN:  21 Q. Okay. Is that what happened during the  22 September 27th, 2012, surgery when the physician  23 looking for mesh in the anterior vaginal didn't find  24 any, broke scrub, talked to the patient's husband,</p>	<p style="text-align: right;">Page 96</p> <p>1 mentioned mesh erosion, which -- again, there's  2 evidence that there's no other cause of this in this  3 tissue that I examined, and female stress  4 incontinence.  5 Q. Thanks, Dr. Michaels.  6 MR. SNOWDEN: No further questions.  7 MR. CURTIS: Okay.  8 (Proceedings concluded at 2:07 p.m.)  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24</p>
<p style="text-align: right;">Page 95</p> <p>1 and he for the first time told the doctor that that  2 mesh had already been removed?  3 MR. CURTIS: Object to the form of the  4 question.  5 A. I would have to review that operative  6 report. I don't remember that.  7 BY MR. SNOWDEN:  8 Q. You don't recall that?  9 MR. CURTIS: Object to the form of the  10 question.  11 A. I don't remember those details.  12 I remember the pre-op -- I remember  13 the pre-op diagnosis, and I remember, you know, the  14 description of the surgery, but I don't know if it  15 had been removed prior -- I don't know who had  16 removed it. I don't know if they submitted it for  17 pathology. She obviously had a lot of different  18 clinicians that she went to, so I would have to see.  19 But that's not what I'm doing in this  20 case. I'm describing what is clearly abnormal  21 tissue.  22 BY MR. SNOWDEN:  23 Q. Was the pre-op diagnosis in this case pain?  24 A. No. There was no mention of pain. It just</p>	<p style="text-align: right;">Page 97</p> <p>1 - - - - -  2 E R R A T A  3 - - - - -  4 PAGE LINE CHANGE  5 _____  6 REASON: _____  7 _____  8 REASON: _____  9 _____  10 REASON: _____  11 _____  12 REASON: _____  13 _____  14 REASON: _____  15 _____  16 REASON: _____  17 _____  18 REASON: _____  19 _____  20 REASON: _____  21 _____  22 REASON: _____  23 _____  24 REASON: _____</p>

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<p style="text-align: right;">Page 98</p> <p>1 2       ACKNOWLEDGMENT OF DEPONENT 3 4       I, _____, do 5 hereby certify that I have read the 6 foregoing pages, and that the same is 7 a correct transcription of the answers 8 given by me to the questions therein 9 propounded, except for the corrections or 10 changes in form or substance, if any, 11 noted in the attached Errata Sheet. 12 13 14 15       _____ 16       PAUL J. MICHAELS, M.D.       DATE 17 18       Subscribed and sworn 19       to before me this 20       _____ day of _____, 20____. 21       My commission expires: _____ 22 23       _____ 24       Notary Public</p>	<p style="text-align: right;">Page 100</p> <p>1 2       I, Rebecca J. Callow, Registered Merit 3 Reporter and Notary Public in and for the State of 4 Texas, hereby certify to the following: 5       That the witness, PAUL J. MICHAELS, M.D., 6 was duly sworn by the officer and that the 7 transcript of the oral deposition is a true record 8 of the testimony given by the witness; 9       That the original deposition was delivered 10 to _____. 11       That a copy of this certificate was served 12 on all parties and/or the witness shown herein on 13 _____. 14       That pursuant to information given to the 15 deposition officer at the time said testimony was 16 taken, the following the amount of time used by 17 each party at the time of the deposition: 18       M. Andrew Snowden (1h59m) 19       Attorney for Johnson &amp; Johnson and 20       Ethicon, Inc. 21       Danny L. Curtis (0h0m) 22       Attorney for Plaintiffs 23 24</p>
<p style="text-align: right;">Page 99</p> <p>1       IN THE UNITED STATES DISTRICT COURT 2       FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA 3       CHARLESTON DIVISION 4       _____ 5       IN RE: ETHICON, INC., PELVIC ) Master File No. 6       REPAIR SYSTEM PRODUCTS ) 7       PRODUCTS LIABILITY LITIGATION ) 2:12-MD-02327 8       THIS DOCUMENT RELATES TO THE ) MDL 2327 9       FOLLOWING CASES IN WAVE 2 ) 10       OF MDL 200: ) 11       ) JOSEPH R. GOODWIN 12       Tamara Carter, et al. v. ) 13       Ethicon, Inc., et al. ) U.S. DISTRICT JUDGE 14       Civil Action No. 2:12-cv-01661 ) 15       ) Sandra Childress, et al. v. ) 16       Ethicon, Inc., et al. ) 17       Civil Action No. 2:12-cv-01564 ) 18       ) Marion Chrysler v. ) 19       Ethicon, Inc., et al. ) 20       Civil Action No. 2:12-cv-02060 ) 21       ) Melissa Sanders, et al. v. ) 22       Ethicon, Inc., et al. ) 23       Civil Action No. 2:12-cv-01562 ) 24       ) Ana Sierra, et al. v. ) 25       Ethicon, Inc., et al. ) 26       Civil Action No. 2:12-cv-01819 ) 27       ) Toni Hernandez v. ) 28       Ethicon, Inc., et al. ) 29       Civil Action No. 2:12-cv-02073 ) 30       ) _____ ) 31       REPORTER'S CERTIFICATE 32       ORAL DEPOSITION OF PAUL J. MICHAELS, M.D. 33       June 18, 2016</p>	<p style="text-align: right;">Page 101</p> <p>1 2       I further certify that pursuant to FRCP Rule 3 30(f)(1) that the signature of the deponent: 4       [ ] was requested by the deponent or a 5 party before the completion of the deposition and is 6 to be returned within 30 days from date of receipt 7 of the transcript. If returned, the attached 8 Changes and Signature Page contains any changes and 9 the reasons therefor; 10       [ ] was not requested by the deponent or 11 a party before the completion of the deposition. 12 13       I further certify that I am neither 14 counsel for, related to, nor employed by any of the 15 parties or attorneys to the action in which this 16 proceeding was taken. Further, I am not a relative 17 or employee of any attorney of record in this cause, 18 nor am I financially or otherwise interested in the 19 outcome of the action. 20 21 22 23 24</p>

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SUBSCRIBED AND SWORN TO under my hand and  
seal of office on this the \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Rebecca J. Callow, RMR, CRR, RPR  
Notary Public, Travis County, Texas  
My Commission No. 12955701-3  
Expires: 09/12/2017

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